S. No. 2
M—5-42
v. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7110

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8161

Registration District No. 322 Primary Registration District No. 6087 Registrar's No.

1. PLACE OF DEATH:

(a) County Saline

(b) City or town R.F.D. No. 1, Slater. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether In this community years, months or days) all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline 97

(c) City or town Slater, R.F.D. 1. (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sarah Louisa Bailey

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 20 (Day) 1858 (Year)

8. AGE: Years 87 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Saline County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Thos. Shepard
13. Birthplace (City, town, or county) Ky. (State or foreign country) 1

MOTHER
14. Maiden name Rebecca Warson
15. Birthplace (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs. Jno. Kemper

(b) Address Slater, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-10 '46 (Month) (Day) (Year)

(c) Place: burial or cremation Gilliam, Mo.

18. (a) Signature of funeral director Hill Brothers

(b) Address Slater, Mo.

19. (a) Mar. 1 1946 (Date received local registrar) (b) Mrs. Earl C. Metz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7 year 1946 hour 7 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan 10, 1946 to Feb 7, 1946 that I last saw her alive on Feb 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	10 da
Due to	
Due to Flu	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature H C Putnam (M. D. ~~or other~~)

Address Marshall Mo Date signed 2-9-46

292 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5

District File Number _____

Date Filed 3-5-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed R. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.