

FILED APR 15 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 74

Primary Registration District No. 4136

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Plattsburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 3 yrs 6 mos years, months or days)

3. (a) PRINT FULL NAME SUSAN ELIZABETH BAILEY

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept 15 1870 (Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Clinton Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John H. Bailey

13. Birthplace Clay Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Lucy Lindsey Lewis

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant William Bailey

(b) Address Kearney R R #

17. (a) Mar 23-46 (b) Date thereof Mar 23-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo 2100

18. (a) Signature of funeral director Jack Martin

(b) Address Plattsburg Mo

19. (a) Mar 21-46 (b) Jack Martin (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton

(c) City or town Rural (If outside city or town limits, write "RURAL")

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

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21 year 1946 hour 4 minute 15 a.m.

21. I hereby certify that I attended the deceased from Mar 15 1945, to Mar 21 1946; that I last saw her alive on Mar 20 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 4 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none PHYSICIAN

Of autopsy none 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. S. Shelding (M. D. or other)

Address Plattsburg Mo Date Mar 21-46

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

7793

0301

FEB 25 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Jas L Martin

Licensed Embalmer No.

4703

P. O. Address

Plattsburg

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.