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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED APR 9 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 107

Primary Registration District No. 30795422

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Rural 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin

(c) City or town Kennett Rural 2
(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 _____

3. (a) PRINT FULL NAME Drene Casel Bailey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8
year 1946 hour 7 minute 45 P.

21. I hereby certify that I attended the deceased from May 11 1946 to March 15 1946
that I last saw her alive on March 3 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 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 May 19 1926
(Month) (Day) (Year)

Immediate cause of death Pulmonary tuberculosis Approx. 1 Hour

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 19 Months 10 Days _____ If less than one day _____ hr. _____ min.

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation House work

11. Industry or business At Home

12. Name Henry Bailey

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

14. Maiden name Maude Dutton

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

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 2

23. Signature John S. Christman (M. D. or other) D.O.
Address Kennett, Mo. Date signed 3-13-46

16. (a) Informant Henry Bailey

(b) Address Kennett Mo. R-2

17. (a) Burial (b) Date thereof 3-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem.

18. (a) Signature of funeral director Dunks Truck Co

(b) Address Kennett Mo.

19. (a) 3-14-1946 (b) Carl Husband
(Date received local registrar) (Registrar's signature)

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

7906

90

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 446-491

Date Filed 4-8-46

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 Walter A. Hopkins

Licensed Embalmer No. 2007

P. O. Address Kennett me

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.