

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 24 1946

State File No. 26114

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 22

1. PLACE OF DEATH:  
(a) County Wright  
(b) City or town MTN. GROVE  
(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 mo. years, months or days)

3. (a) PRINT FULL NAME Moses M Bailey  
3. (b) If veteran, No. 3. (c) Social Security No. 210  
name war

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married 2 divorced widowed  
6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Sept. 8, 1869  
(Month) (Day) (Year)

8. AGE: Years 16 Months 9 Days If less than one day  
hr. min.

9. Birthplace Raven, Den Springs, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name W. E. Bailey

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

14. Maiden name UNKNOWN

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

16. (a) Informant J. H. Bailey

(b) Address MTN. GROVE, MO.

17. (a) Buried (Removal) (b) Date thereof 7-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Pecharitis, Arkansas

18. (a) Signature of funeral director Lyndell Barber

(b) Address MTN. GROVE, MO.

19. (a) 7-5-46 (b) A. R. Amin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Wright  
(c) City or town MTN. GROVE  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1946 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from July 4 - 1946 to July 5 - 1946  
that I last saw him alive on July 5 - 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

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

23. Signature W. E. Bailey (M. D. 2-5-46)

Address MTN. GROVE, MO. Date signed 7-5-46

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**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

*Russell Barber*

Licensed Embalmer No. *3848*

P. O. Address *Mtn. Grove, 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.**