

FILED NOV 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 251

Primary Registration District No. 3348

Registrar's No. 157

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 weeks  
(Specify whether years, months or days) 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Quitman  
(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 Edith Mary Bailey  
3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24  
year 1946 hour 6 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw her alive on 10-21 1946  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Hamlin C Bailey 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased Sept 25, 1866  
(Month) (Day) (Year)

Immediate cause of death Myocardial Emboli  
Pulmonary Emboli  
Due to ruptured femoral neck left  
Due to .....  
Duration 2 1/2 hrs  
1 hr.  
9 days

8. AGE: Years 80 Months ..... Days 27 If less than one day hr. .... min.

Other conditions..... (Include pregnancy within 3 months of death) glc

9. Birthplace Tarkio, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business .....

MOTHER, FATHER { 12. Name Eli Bailey  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Mary McCollister  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

Major findings: Of operations .....  
Of autopsy none  
PHYSICIAN .....  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Chas E Jones  
(b) Address Burlington Jct. Mo  
17. (a) Quitman, Mo (b) Date thereof 10-24-46  
(Burial, cremation, & removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Quitman Cemetery

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence 10/24/46  
(c) Where did injury occur? Burlington, Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
home (Specify type of place)  
While at work? ..... (e) Means of injury fall

18. (a) Signature of funeral director [Signature]  
(b) Address Burlington Jct. Mo  
19. (a) Oct 24 1946 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) MD  
Address Burlington Jct Mo Date signed 10/27/46

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

DISTRICT HEALTH OFFICE  
Cameron, N.C.

**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

*[Handwritten Signature]*  
.....  
Licensed Embalmer No. *2965*  
P. O. Address *Amel Jet M.*

**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.**