

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **337260**

Registration District No. **210**

Primary Registration District No. **5783**

Registrar's No. _____

1. PLACE OF DEATH: *Miller Rural*
(a) County _____
(b) City or town _____
(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 _____ years, months or days)

3. (a) PRINT FULL NAME *Mary Elizabeth Bailey*
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. *Female* 5. Color *White* 6. (a) Single, widowed, married, divorced *Married*
6. (b) Name of husband or wife *Mr. A. Bailey* 6. (c) Age of husband or wife if alive *76* years
7. Birth date of deceased (Month) *5* (Day) *17* (Year) *1880*

8. AGE: Years *66* Months *5* Days *14* If less than one day hr. min.

9. Birthplace *Oakland Calif* (City, town, or county) (State or foreign country)

10. Usual occupation *Housewife*

11. Industry or business _____

12. Name *M. B. Howell*

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

14. Maiden name *Miss M. B. Moore*

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

16. (a) Informant *Henry Bailey*

(b) Address *Dixon Mo*

17. (a) *Burial* (b) Date thereof *4-4-1946* (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Vienna Mo*

18. (a) Signature of funeral director *W. C. Cunningham*

(b) Address *Vienna Mo*

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: *Miller 66*
(a) State *Mo* (b) County _____
(c) City or town *Rural* (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If death, give location)
(e) Citizen of foreign country? *No* (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct* day *31* year *1946* hour *3* minute _____ P.M.

21. I hereby certify that I attended the deceased from *12 June 1946* to *13 Oct 1946*
that I last saw him alive on *31 Oct* 19 *46*
and that death occurred on the date and hour stated above.

Immediate cause of death *Bronchopneumonia* Duration *2 weeks*
Due to *Metastatic carcinoma* *3 mo*

Due to *Carcinoma of cervix* *7 mo*

Other conditions *Other metastatic*
(Include pregnancy within 3 months of death)

Major findings: Of operations *none* 48A
Of autopsy *none*
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?

While at work (Specify type of place) (e) Means of injury *1*

23. Signature *Edgar Hughes* (M. D. or other) _____

Address *Wagon - Mo* Date signed *2 Nov 46*

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

365772

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

W. C. Birmingham

Licensed Embalmer No.

3664

P. O. Address

Henry 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.