

FILED DEC 29 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37274

State File No.

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Latham Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town California 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ETHEL MAY BAILEY

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

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

6. (b) Name of husband or wife George Bailey 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 21 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Allen Anderson

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Clark

15. Birthplace Don't know (1)
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George Bailey 1

(b) Address California mo.

17. (a) Burial (b) Date thereof 11-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem California mo.

18. (a) Signature of funeral director Ray E. Williams

(b) Address California mo.

19. (a) 11-12-46 (b) A. H. Poppey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1946 hour 5 minute 20 P M.

21. I hereby certify that I attended the deceased from July 8
1946, to Nov 8 1946
that I last saw her alive on Nov. 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day

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? _____

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

23. Signature Keynon Latham (M. D. or other) _____
Address California mo. Date signed 11-12-46

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

36597

RECEIVED
District Health Officer
District File Number
Date Filed 10-6-76

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 *Hugh E Williams*
Licensed Embalmer No. *3537*
P. O. Address *California 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.