

No. 2  
-12-45  
-5-17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43391

State File No. \_\_\_\_\_

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 210

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town POPLAR BLUFF  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 DAY  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ARKANSAS (b) County CLAY

(c) City or town CORNING  
(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 USA

3. (a) PRINT FULL NAME INFANT SON OF MR & MRS P. H. BAILEY

3. (b) If veteran, name war X

3. (c) Social Security No. Y

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased DECEMBER 21 1946  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>1</u>	hr. _____ min.

9. Birthplace POPLAR BLUFF MO. D.  
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X

12. Name P. H. BAILEY

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

14. Maiden name ALICE WARD

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

16. (a) Informant P. H. Bailey

(b) Address Corning Ark

17. (a) Burial (b) Date thereof 12-23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corning Arkansas

18. (a) Signature of funeral director P. J. Baker

(b) Address Black Mountain Corning Ark

19. (a) 1-14-47 (b) P. J. Baker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 22  
year 1946 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Dec 21  
1946 to Dec 22 1946

that I last saw him alive on Dec 22  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital atelectasis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 161A

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

(a) Signature P. J. Baker (M. D. or other) \_\_\_\_\_

(b) Address Poplar Bluff Mo Date signed 12/22/46

Y  
RECEIVED.

District Health Office No. 2,

District File Number 147-104

Date Filed 1-20-47

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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 Roman J. Selig Jr.

Licensed Embalmer No. 1562

P. O. Address Conning, Ark.

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.