S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2172

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 2

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Appleton City, Mo
(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 70 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93

(c) City or town Appleton City Mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fannie Francis Bailey

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fem

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Wright Bailey

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

7. Birth date of deceased Apr (Month) 2 (Day) 1856 (Year)

8. AGE: Years 90 Months 9 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

FATHER
12. Name Jared Stephenson
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ridgway
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Lottie Baskerville

(b) Address Appleton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 24 (Day) 1947 (Year)

(c) Place: burial or cremation Appleton City Cem

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) Jan. 23 47 (Date received local registrar) (b) Mrs. Cleo Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1947 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 4, 1947, to Jan 22, 1947 that I last saw her alive on 8 Jan, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chr

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 93D

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MW

Address Appleton City, Mo Date signed 23 Jan 47

(Licensed Embalmer's Statement on Reverse Side)

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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~~ on the 22 day of Jan 1947, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.