

FILED APR 8 1947

Registration District No. 30

Primary Registration District No. 5101

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

1. PLACE OF DEATH:

(a) County Benton
(b) City or town FAIRFIELD Alexander Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME MELISSA B. BAYCLAY

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Jan 29 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>1</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Jessie Butler
13. Birthplace Ill (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Horace Barclay
(b) Address Dayfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-47
(Month) (Day) (Year)
(c) Place: burial or cremation Schilo Cemetery

18. (a) Signature of funeral director Hathaway Deneil Home
(b) Address Whitland Missouri

19. (a) Mar 26-47 (b) Jus. A. Logan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1947 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb-27 1947 to Mar 5 1947
that I last saw her alive on Mar 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Duration 10 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 131 A

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 0

23. Signature James Logan (M. D. or other) M.D.
Address Warsaw Mo. Date signed 3/6/47

RECEIVED
District Health Officer No. 7,
District File Number 3-47-353
Date Filed 4-4-47

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 Chas Gilbert Hathaway
Licensed Embalmer No. 4267
P. O. Address Wheatland, Md

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.