

S. No. 2
DM-2-43
v. 5-17-39
P. I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12380**

FILED APR 29 1947

Registration District No. **6**

Primary Registration District No. **3001**

Registrar's No. **9**

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

1. PLACE OF DEATH:

(a) County ANDRAN
 (b) City or town VANDALIA
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
305 EAST OLIVE ST
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 30 3 WEEKS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State WEST VIRGINIA (b) County MONROE **994**
 (c) City or town MUKLEN WEST VIRGINIA **46**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) **2**
 If yes, name country _____

3. (a) PRINT FULL NAME

VIOLA RUTH BAILEY

3. (b) If veteran, name war _____

3. (c) Social Security No. 494-22-7356

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife AVANDER BAILEY

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased FEB 1 1927
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>2</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace ALTON ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name GROVER C. FIELDER

13. Birthplace NEBO ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name JEWELL BETHEL

15. Birthplace MONTGOMERY CITY, MO.
(City, town, or county) (State or foreign country)

16. (a) Informant GROVER C. FIELDER

(b) Address VANDALIA, MO.

17. (a) BURIAL (b) Date thereof 4-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA CEMETARY

18. (a) Signature of funeral director Glenn Smith

(b) Address Vandalia, Mo.

19. (a) April 22, 1947 (b) Malvio Fugua
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
 year 1947 hour 10 minute 30 P.

21. I hereby certify that I attended the deceased from April 18, 1947, to April 18, 1947, that I last saw her alive on April 18 - 1947, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death _____
suicide

Due to phosphorus poisoning (Rat poison)

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 16

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(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

23. Signature St. H. Bland (M. D. board) **3**
 Address Vandalia Mo Date signed 4/22/47

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~~ *and*
Ernest D. Wilson, Registered Apprentice No. *490*
working under my personal supervision.

Signed *James C. Muddel*
Licensed Embalmer No. *4152*
P. O. Address *Bowling Green 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.