

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14176  
Registrar's No. 178

Registration District No. 209 Primary Registration District No. 3043

1. PLACE OF DEATH:  
(a) County Marion.  
(b) City or town Hannibal, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Elizabeth 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 Missouri (b) County Ralls, 87  
(c) City or town Perry, Missouri.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (Saltriver Township)  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elvira Lou Bailey.  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May, day 1st,  
year 1947 hour 10:15 minute P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Carl Bailey. 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased February, 14, 1931  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1 1947 to May 1 1947 that I last saw her alive on May 1 1947 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
16 2 17 hr. \_\_\_\_\_ min.

Immediate cause of death 2nd degree Burn  
of body 80%  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Center, Missouri.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business Home.  
12. Name Cortland Dennis.  
13. Birthplace Niles, Ohio.  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie B. Justin.  
15. Birthplace Linn County, Iowa.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
181  
110

16. (a) Informant Carl R. Bailey  
(b) Address Perry, Missouri.  
17. (a) Burial (b) Date thereof May, 4, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Headline Burns  
(b) Date of occurrence May 1 - 47  
(c) Where did injury occur? Perry Ralls, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

(c) Place of burial or cremation Pleasant Grove.  
18. (a) Signature of funeral director Clyde W. Wiley  
(b) Address Perry, Missouri.  
19. (a) 5-6-47 (b) D. E. M. Luckey  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury Burns  
23. Signature D. E. M. Luckey (M. D. or other) MD  
Address Hannibal, Mo. Date signed 5-3-47

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

SEP 27 1949

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.....

*John H. Ellis* ..... Registered Apprentice No. *494*  
working under my personal supervision.

Signed..... *Clyde Wilby*  
Licensed Embalmer No. *3820*

P. O. Address..... *Ferry, Miss.*

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.