

FILED MAR 25 1948

Registration District No. 998

Primary Registration District No. 4310

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Bevier
(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 -- years, months or days)

3. (a) PRINT
FULL NAME

Belle Bailey, colored

3. (b) If veteran,
name war --

3. (c) Social Security
No. ----

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased May 6th, 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 28 If less than one day
hr. -- min. --

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

10. Usual occupation Domestic

11. Industry or business

12. Name Plese Henderson
13. Birthplace don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Hardy Smith

(b) Address Bevier, Mo.

17. (a) Burial (b) Date thereof 3-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Oakwood Cem

18. (a) Signature of funeral director W. E. Edwards

(b) Address Bevier, Missouri

19. (a) 3-15-48 (b) Josephine King
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Bevier
(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 --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4
year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 6, 1948 to Feb. 6, 1948
that I last saw him alive on Feb. 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition Duration --

Due to starvation & dehydration

Due to Senility with Senile Dementia

Other conditions unknown
(Include pregnancy within 5 months of death)

Major findings:
Of operations 162

Of autopsy 162

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(c) 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 2

23. Signature Dr. E. H. Edwards (M. D. or other) MD
Address Bevier, Mo. Date signed 3/11/48

RECEIVED
District Health Officer No.
District File Number 3-48-56
Date Filed MAR 23 1948

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 W. B. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier, Missouri

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.