

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15242

FILED MAY 13 1948
Registration District No. 384

Primary Registration District No. 6237

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural (Hickory Grove Twnsp)
(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 most of life
years, months or days)

3: (a) PRINT FULL NAME America Frances Bailey

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 widowed

6. (b) Name of husband or wife Ace Edward Bailey 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 10, 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Edward Reed
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Liza Reed
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edw. Hollenbeck

(b) Address R.F.D. Wright City, Mo.

17. (a) Burial (b) Date thereof 4-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) May 1, 1948 (b) Mrs. F. W. Hughes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town Rural - 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1948 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1948 to April 21, 1948; that I last saw him alive on 4-20, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 1 year
Due to _____
Due to _____

Other conditions Arteriosclerotic Heart Disease 4 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations BIB 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 _____
23. Signature Raymond A. Hughes (M. D. or other) 0
Address Wright City, Mo. Date signed 4-22-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number

MAY 12 1948

Date Filed

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 John E. Herlinger
Licensed Embalmer No. 4409
P. O. Address Warrenton, 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.