

**MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH**

FEDERAL BUREAU OF STATISTICS

National Office of Vital Statistics

21882

State File No.

FILED JUL 9 1948

Registration District No. 327

Primary Registration District No. 4499

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Shelby county
(b) City or town Shelbina, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Thurman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two weeks
(Specify whether
In this community Fifty years
years, months or days)

**3. (a) PRINT
FULL NAME**

Aney Mae Bailey

3. (b) If veteran,

X

3. (c) Social Security No.

X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 3rd 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 5 If less than one day
hr. min.

9. Birthplace Anita Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business " "

12. Name Wilson Hall

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Naoma Wagner

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. W. Gosney

(b) Address Shelbina, Mo.

17. (a) Burial (b) Date thereof 6-10-1948
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial Million & Barkeley

18. (a) Signature of funeral director Shelbina, Mo.

(b) Address July 2-4

19. (a) July 2-4 (b) July 2-4
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 112
(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. 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 June day 8th
year 1948 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 8 to June 8, 1948
that I last saw her alive on June 5, 1948
and that death occurred on the day and hour stated above.

Immediate cause of death Cancer of Breast
Right Lung 14yr

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....

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?.....
(Specify type of place)

While at work..... (e) Means of injury.....

23. Signature J. Simpson (M. D. or other) MD

Address Shelbina Mo Date signed 6-11-48

RECEIVED

District Health Officer No.

District File Number 7-48-

Date Filed JUL 7 - 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 _____

Licensed Embalmer No. 3498

P. O. Address _____

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.