

FILED JUL 27 1948

Registration District No. 43

Primary Registration District No. 3007

State File No. 235

Registrar's No.

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Poplar Bluff, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lucy Lee Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether years, months or days) 10 days

3. (a) PRINT FULL NAME Lena Maria Bailey,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Jess Bailey 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased March 29, 1906
 (Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Aid Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife, Factory11. Industry or business Elders Mfg. Co.

12. Name Lilbourn Clark
 13. Birthplace Puxico, Mo. R. 2
 (City, town, or county) (State or foreign country)
 14. Maiden name Carry Larson
 15. Birthplace Aid Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Jess Bailey
(b) Address Dexter, Mo.17. (a) Burial (b) Date thereof July 18, 48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Aid, Mo. Harper Cem.18. (a) Signature of funeral director Watkins Fune. Ser.(b) Address Dexter, Mo.19. (a) 7-23-48 (b) R. D. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103
 (c) City or town Dexter, 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 1
 (e) Citizen of foreign country? _____ (Yes or No) 1
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1948 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from July 9 1948, to July 15 1948
 that I last saw her alive on July 15 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial embolus Duration 1 da
 Due to Felicit thrombosis 3 da
 Due to Pelvic operation

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy 1110

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) (b) Means of injury: _____

23. Signature R. D. Smith (M. D. or other) 7/17/48
Address Poplar Bluff, Mo. Date signed

RECEIVED

District Health Office No. 2.

District File Number 248-917

Date Filed 7-27-48

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.....

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.