S. No. 300
DM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948
Registration District No. 29482

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4435

State File No. 30684

Registrar's No. 15

1. PLACE OF DEATH:
(a) County Rells,
(b) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)
In this community 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Rells, 87
(c) City or town Perry, Missouri. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Florence Alice 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 Walter Bailey.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August, 2, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	1	12	hr. min.

9. Birthplace Newark (City, town, or county) England. 4 (State or foreign country)
10. Usual occupation Housework.
11. Industry or business Home.
MOTHER FATHER
12. Name Joseph Turgoose.
13. Birthplace Newark (City, town, or county) England. 4 (State or foreign country)
14. Maiden name Alice Walker.
15. Birthplace Newark, (City, town, or county) England. 4 (State or foreign country)
16. (a) Informant Mrs Doris Tedford
(b) Address Perry, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Lickcreek Cemetery.
18. (a) Signature of funeral director Clyde Wiseman
(b) Address Perry, Missouri.
19. (a) 9/16/48 (Date received local registrar) (b) Clyde Wiseman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14th, year 1948 hour 1:40 minute P. M.
21. I hereby certify that I attended the deceased from 7-13, 1948, to 9-14, 1948, that I last saw her alive on 9-14, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Stomach	4 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E. T. Swan (M.D. or other) D.O.
Address Perry, Mo. Date signed 9/16/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-48-1640
Date Filed SEP 18 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 Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address Peary, 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.