

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37624

FILED DEC 2 1948

Registration District No. 278

Primary Registration District No. 4413

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Frankford
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Life
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Life (Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME SARAH FRANCES BAILEY

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife. HENRY RICHARD BAILEY 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased April 20 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.

12. Name Cornelius Foulkes 9
13. Birthplace Upikyn 1
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Triplett 7
15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Richardson

(b) Address Hannibal, Mo.

17. (a) Burial (b) Date thereof Nov. 17 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Field & Son

(b) Address Frankford, Mo.

19. (a) 11-23-48 (b) Therese Ollier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
(c) City or town Frankford, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1948 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Oct. 18 1947 to Nov. 10 1948
that I last saw her alive on Nov. 10 and that death occurred on the date and hour stated above.
Immediate cause of death Heart Failure Duration

Due to Age & Concomitant

Due to Uremic Poisoning

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. P. Hansen (M. D. or other) DO.

Address Frankford, Mo. Date signed Nov. 12, 1948

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

DEC 2 1948

RECEIVED
District Health Officer No. 10
District File No. 11-48-2063
Date Filed DEC 1 - 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..... *Don Fields Regan*

Licensed Embalmer No. *4093*

P. O. Address..... *Frankford, 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.