

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 24 1940

Registration District No. \_\_\_\_\_

Primary Registration District No. 5408

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Dunklin  
(b) City or town Senath, Mo.  
(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) V  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Marley Bailey

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

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Jan. 1 1887  
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 15 If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name B. Clark Bailey

13. Birthplace Senath  
(City, town, or county) (State or foreign country)

14. Maiden name Annie Robinson

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

16. (a) Informant's own signature \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 1-28-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director A. D. McDaniel

(b) Address Senath, Missouri

19. (a) Mar 6-1940 (b) A. D. McDaniel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dunklin

(c) City or town Senath  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26  
year 1940 hour \_\_\_\_\_ minute 5:40 P. M.

21. I hereby certify that I attended the deceased from Jan. 24, 1940, to Jan 26, 1940  
that I last saw him alive on Jan 26, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Polar Pneumonia  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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 Robert W. Martin (M. D. or other) \_\_\_\_\_

Address Senath, Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MARGIN RESERVED FOR BINDING  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6.

District File Number 340-793

Date Filed 3/14/40

**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.....

*H. P. Groch*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*H. P. Groch*

Licensed Embalmer No. 4106

P. O. Address, Smith 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, above space should be left blank.**