

JUN 6 1940
Registration District No. 496

Primary Registration District No. 3025

State File No.

Registrar's No. 39

1. PLACE OF DEATH:

(a) County: Linn
 (b) City or town: Brookfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 616 Freeman St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT
FULL NAME

ELLA M. BAILEY

3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex: F
 5. Color or race: W
 6. (a) Single, widowed, married, divorced: wid
 6. (b) Name of husband or wife: Peter P. Bailey
 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: Nov 13, 1857
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 5 17 hr. min.

9. Birthplace: Boston, Mass.
 (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER
 12. Name: Emory Walker
 13. Birthplace: not known
 (City, town, or county) (State or foreign country)
 14. Maiden name: Maria Marshall
 15. Birthplace: not known
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mary Herring
 (b) Address: Brookfield, Mo
 17. (a) Burial (b) Date thereof: 5-1-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: W.B. Cemetery, Purdin, Mo

18. (a) Signature of funeral director: Russ Funeral Home
 (b) Address: Brookfield, Mo 445
 19. (a) 5-1-40 (b) J. W. Hoover
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Linn
 (c) City or town: Brookfield
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 616 Freeman St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
 year 1940 hour 6:00 minute 0 M.

21. I hereby certify that I attended the deceased from March 21
 _____, 1940, to April 29, 1940
 that I last saw her alive on April 29, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death:

myocarditis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy: no

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): no
 (b) Date of occurrence: no
 (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: H. J. Potter (M. D. or other) no
 Address: Brookfield, Mo Date signed: 5/1/40

RECEIVED
District Health Officer No. 11,
District File Number 640-816
Date Filed JUN 4 1940

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.

No embalming

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, above space should be left blank.