No. 2
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FILED MAR 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6958

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 147

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

39
2
6

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution none 803 S Grant
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 803 So. Grant 6
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Fredia Bailey

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 25 (Day) 1926 (Year)

8. AGE: Years 14 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) O Mo (State or foreign country)

10. Usual occupation Student of school

11. Industry or business W. O. Bailey

FATHER
12. Name
13. Birthplace Unknown (City, town, or county) O Mo (State or foreign country)

MOTHER
14. Maiden name Amie Shockley, ~~[illegible]~~
15. Birthplace Unknown (City, town, or county) O Mo (State or foreign country)

16. (a) Informant W. O. Bailey
(b) Address 803 S. Grant

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 23 (Day) 41 (Year)
(c) Place: burial or cremation Liberty Cemetry

18. (a) Signature of funeral director ~~W. E.~~ Dunn Funeral Home
(b) Address Springfield, Mo.

19. (a) 2-23-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1941 hour 5 minute P M.

21. I hereby certify that I attended the deceased from 1-16-, 1941, to 2-20, 1941;
that I last saw her alive on 2-16, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Subacute Bacterial Endocarditis	2 mo +
Due to Streptococcus Viridans	
Due to Cerebral Embolus	2 wk
Other conditions Rheumatic fever? (Include pregnancy within 3 months of death)	
Major findings: Of operations 9	
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? 984 (Specify type of place)
(e) While at work? (e) Means of injury

23. Signature Urban J Busch (M. D. or other) D
Address Springfield, Mo Date signed 2-21-41

(Licensed Embalmer's Statement on Reverse Side)

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 Floyd W. Fox

Licensed Embalmer No. 2910

P. O. Address 629 W. Walnut

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. X