No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 3 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10225

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 73

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

4
1
2

1. PLACE OF DEATH:
(a) County Calloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 14
(a) State Mo (b) County Pike 1
(c) City or town Frankford 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Bessie Bailey
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jim Bailey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 27 (Day) 1896 (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	3	17	hr. min.

9. Birthplace Spencerburg (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Warren Tibett
13. Birthplace (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Sally Turpin Mo.
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Jim Bailey
(b) Address Frankford Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 16 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Frankford Mo
18. (a) Signature of funeral director Fields & Son
(b) Address Frankford Mo 106
19. (a) Mar. 14-41 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1941 hour 9 minute 20 A M.
21. I hereby certify that I attended the deceased from March 11, 1941, to March 14, 1941;
that I last saw her alive on March 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hanging by restraint strip (suicidal)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) suicide
(b) Date of occurrence March 14-41
(c) Where did injury occur? Fulton (City or town) Calloway (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Hospital No 1 (Specify type of place)
While at work? (e) Means of injury
23. Signature Forrest Thomas (M. D. or other)
Address State Hospital No 1 Fulton Mo Date signed 3/14-41

(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 Gone Meyown

Licensed Embalmer No. 4093

P. O. Address Forestdale Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.