

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15158

State File No.

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Maxion
(b) City or town Narrival
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. ELIZABETH HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 wk (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maxion 64
(c) City or town Narrival
(If outside city or town limits, write "RURAL") 3
(d) Street No. 110 Virginia (If rural, give location) 4
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ovid E. Bailey

3. (b) If veteran, None name was None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Stella 6. (c) Age of husband or wife if
alive 42 years

7. Birth date of deceased March 7, 1897
(Month) (Day) (Year)

8. AGE: Years 44 Months 2 Days 22 If less than one day
hr. min.

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

10. Usual occupation Foreman Highway Dept.

11. Industry or business _____

MOTHER FATHER { 12. Name J. R. Bailey

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

14. Maiden name Helen McGee

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Bailey

(b) Address 110 Virginia Hannibal Mo

17. (a) Burial (b) Date thereof May 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director James O'Connell

(b) Address Hannibal Mo

19. (a) May 12, 1941 (b) W. C. Fisher D.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1941 hour _____ minute 4:45 AM.

21. I hereby certify that I attended the deceased from Jan 2 to May 9, 1941
that I last saw him alive on May 9, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial failure
Due to influenza Duration _____

Due to _____
Other conditions none (include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy none

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) Manner of injury _____

23. Signature W. C. Fisher (M. D. or other) _____
Address Hannibal Mo signed _____

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

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..... *Michael J. A. Jones*

Licensed Embalmer No. *3246*

P. O. Address..... *Wilmington, NC*

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

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