S. No. 2
—11-10-39
v. 5-17-39
I X21492

FILED JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18913

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1010

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ballwin (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)

(d) Length of stay: In hospital or institution Pinecrest (Specify whether

In this community 2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

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

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME Mary L. Bailey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female/

5. Color or race W.

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

6. (b) Name of husband or wife Moses Bailey

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

7. Birth date of deceased December (Month) 4 (Day) 1855 (Year)

8. AGE: Years 85 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Crawford Co. (City, town, or county) O Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name James Shepherd
13. Birthplace (City, town, or county) O Missouri (State or foreign country)

MOTHER
14. Maiden name Nancy Spears
15. Birthplace (City, town, or county) O Missouri (State or foreign country)

16. (a) Informant Mary L. Bailey

(b) Address Sullivan, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1931 (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Missouri

18. (a) Signature of funeral director Thos. P. Shoffer

(b) Address Sullivan Missouri

19. (a) MAY 12 1941 (Date received local registrar) (b) C. R. Meyer M.D. Dep't (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 30, 1941, to May 11, 1941 that I last saw her alive on May 11, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to

Due to

Other conditions Arteria Sclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations 46 f

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)

(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 R. W. Jansen (M. D. or [illegible]) O

Address Manchester, Mo Date signed 5/12/41

(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. Thos. P. Stoffer

Licensed Embalmer No. 2692

P. O. Address Sullivan Mo

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

If this body is not embalmed, above space should be left blank.