

Registration District No. 547

Primary Registration District No. 3029

064
3
4

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

1. PLACE OF DEATH:

(a) County. Marion
(b) City or town. Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence 2837 Market
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 1 (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Marion 01.4
(c) City or town. Hannibal 3
(If outside city or town limits, write "RURAL") 4
(d) Street No. 2 837 Market
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Alice Matilda 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, Widowed

6. (b) Name of husband or wife. Thomas F. Bailey 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. June 25, 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

12. Name Ben Northcutt Eales

13. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Elizabeth Parker

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

16. (a) Informant A.B. Bailey

(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 9/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fern Chapel, Missouri

18. (a) Signature of funeral director [Signature]

(b) Address 902 Broadway Hannibal Mo

19. (a) Sept. 2 1941 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1941 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from May-1 1941 to Aug-31 1941
that I last saw her alive on Aug-31 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 4 mo
Heart Failure

Due to Arteriosclerosis 107-

Due to Hypertension 204

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

While at work? (Specify type of place) Means of injury

23. Signature [Signature] (M. D. or other)
Address Hannibal Date signed 9/1/41

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 James A. Moles
Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

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.