No. —
-S-42
FILED FEB 9 1943
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3613

Registration District No. 323 Primary Registration District No. 6089 Registrar's No. 11—85

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Sweet Springs, Mo.-Elmwood Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community All her Life

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Saline
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Elmwood Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Miss Martha 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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 24 (Day) 1865 (Year)

8. AGE: Years 77 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation Livedwith Sisters

11. Industry or business ″ ″

MOTHER FATHER
12. Name Hardin D. Bailey
13. Birthplace Albamoral Co. (City, town, or county) Virginia (State or foreign country)
14. Maiden name Mary Winslow
15. Birthplace Albamoral Co. (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs. James A. Ash
(b) Address Shackelford, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge P. Cem. Marshall, Mo.

18. (a) Signature of funeral director J. Fisher Sweeney
(b) Address Marshall Mo.

19. (a) Jan. 11 1943 (Date received local registrar) (b) Mrs Dora Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th year hour minute M.

21. I hereby certify that I attended the deceased from 1-2, 1943 to Jan 9, 1943 that I last saw her alive on Jan 9, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer Breast (Left)	unk
Due to: Ca Lung. (Left)	
Due to: Ca Colon	unk
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) no
(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 Robert Lamed (M. D. or other)
Address Marshall Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
File Number
2-8-43

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 J. Leslie Summy

Licensed Embalmer No. 3235

P. O. Address Marshall, Mo.

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.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3613

Registration District No. 323 Primary Registration District No. 6089 Registrar's No. 11—

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Rural
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Bailey
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 24 (Day) 1865 (Year)
8. AGE: Years 11 Months 2 Days If less than one day hr. min.
9. Birthplace (City, town, or county) MO (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 19 year ( ) hour ( ) minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Cancer breast (left) Primary	Mo.
Due to Ca lung (left) Metastatic from Breast	Mo.
Due to Ca colon Metastatic from Breast	Mo.
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings of operations Saw this pt at the request of Condition + for pneumonia
Of autopsy Pt intelligent Historian

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (c) Means of injury
23. Signature Roon Kennedy (M. D. or other)
Address Marshall Mo. Date signed

SUPPLEMENTARY