

No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25613

State File No.
Registrar's No. 71

FILED AUG 9 1943

Registration District No. 245 Primary Registration District No. 3047

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Prosser
(c) Name of hospital or institution: Dale's Bathroom
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Malonalda
(a) State Missouri (b) County Newton
(c) City or town Sulphur Springs (If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louisa Pearl Bailey
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 23 year 1943 hour 2 P. minute 43
21. I hereby certify that I attended the deceased from July 23 to July 24 19 43 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carson Bailey 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased: Aug 4 - 1892 (Month) (Day) (Year)

Immediate cause of death Third degree burns of both arms, both legs and abdomen
Due to house burning
Due to None
Other conditions None (include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy _____

8. AGE: Years 51 Months 11 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Kansas (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business own home
12. Name Robert Rogies
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace 9 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 136
(b) Date of occurrence July 23, 1943 R. F. D. 136
(c) Where did injury occur? Sulphur Springs Ark. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home 3rd degree burns

16. (a) Informant Carson Bailey
(b) Address Sulphur Springs
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 - 43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph
18. (a) Signature of funeral director R. F. D. 1
(b) Address Prosser
19. (a) 7-27-43 (Date received local registrar) (b) Edney Thompson (Registrar's signature)

23. Signature Orval R. Sale (M. D. or other) 7-27-43
Address Neosho, Mo. Date signed 7-27-43

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

MOTHER FATHER

RECEIVED

8-6-43

Sanitary Health Officer No.

Sanitary File Number 843-151

Date Filed 8-7-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.