

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22825**
Registrar's No. **236**

FILED JUL 29 1946
43

Registration District No. **43** Primary Registration District No. **3007**

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

21688

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Poplar Bluff, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Poplar Bluff Hospital (0)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mayme 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 **Wm. E. Bailey** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov. 19 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 7 26 hr. min.

9. Birthplace **Mayfield Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER

12. Name **John Semands**

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

14. Maiden name **Margaret Ellen Nichols**

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

16. (a) Informant **Faye West**

(b) Address **M.A.A.F. Malden, Mo.**

17. (a) **Burial** (b) Date thereof **July 17, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Poplar Bluff, Mo.**

18. (a) Signature of funeral director **Frank J. Jettell**

(b) Address **Poplar Bluff, Mo.**

19. (a) **7-18-46** (b) **W.H. Muntz**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Dunklin 305**

(c) City or town **Malden** 2
(If outside city or town limits, write "RURAL") 1

(d) Street No. **M.A.A.F.** (If rural, give location) 1

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14**
year **1946** hour **5** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **July 10 1946** to **July 14 1946**
that I last saw her alive on **July 14 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Peritonitis PERITONITIS**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **46g**

Major findings: **Carcinoma of head of pancreas**

Of operations: _____

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature **W.H. Muntz** (M. D. _____)

Address **Poplar Bluff, Mo.** Date signed **7-17-46**

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RECEIVED
District Health Office No
District File Number 246-8
Date Filed 2-22-46

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 Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.