

FILED OCT 29 1947

Registration District No. **275**

Primary Registration District No. **3053**

Registrar's No. **67**

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

**1. PLACE OF DEATH:**  
(a) County Phelps  
(b) City or town Rolla  
(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 6 weeks (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Dora Bailey  
**3. (b) If veteran,** name war ✓  
**3. (c) Social Security No.** ✓

**6. (a) Single, widowed, married, divorced, or widowed** widowed  
**6. (b) Name of husband** Ed Bailey  
**6. (c) Age of husband at date of death** deceased  
**7. Birth date of deceased:** (Month) January (Day) 17 (Year) 1872

**8. AGE:** Years 75 Months 9 Days 1 If less than one day hr. min.

**9. Birthplace:** Marion County Missouri (City, town, or county) (State or foreign country)

**10. Usual occupation:** Housewife

**11. Industry or business:**  
**12. Name:** Morris Campbell  
**13. Birthplace:** Missouri  
**14. Maiden name:** Mary Ann  
**15. Birthplace:** Missouri

**16. (a) Informant:** Don Klubb  
**(b) Address:** Belle-Mo.

**17. (a) Burial** (Burial, cremation, or removal) liberty **(b) Date thereof:** Oct 19-47 (Month) (Day) (Year)

**18. (a) Signature of informant:** Sassmann's Funeral Service  
**(b) Address:** Belle-Mo.

**19. (a) 10-22-47** (Date received local registrar) **(b) Nadine L. Stoll** (Registrar's signature) Jan

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Marion **63**  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Oct day 16 year 1947 hour 2 minute 30 P.M.  
**21. I hereby certify that I attended the deceased from** 10-16 1947 to 10-16 1947  
that I last saw her alive on 10-16 1947 and that death occurred on the date and hour stated above.

Immediate cause of death ph myocarditis  
Due to  
Due to  
Other conditions Diabetes (Include pregnancy within 3 months of death) 20 yrs

**Major findings:** 61  
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) (c) Means of injury ?  
**23. Signature:** E. E. F. and mid. (M. D. or other)  
Address Rolla mo Date signed 10-17-47

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**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 Chester Sarsman

Licensed Embalmer No. 4178

P. O. Address Bland - 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.**