

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

FILED DEC 29 1946

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

37774

State File No. \_\_\_\_\_

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Moniteau  
 (b) City or town California Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Latham Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 hrs.  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME ETHEL MAY 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 Married

6. (b) Name of husband or wife George Bailey 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 21 1880  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Moniteau Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Allen Anderson  
 13. Birthplace Don't know  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Katherine Clark  
 15. Birthplace Don't know  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. George Bailey

(b) Address California Mo.

17. (a) Burial (b) Date thereof 11-11-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem. California Mo.

18. (a) Signature of funeral director Hugh E. Williams

(b) Address California Mo.

19. (a) 11-12-46 (b) A. R. Pope  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
 (c) City or town California  
 (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8  
 year 1946 hour 5 minute 20 P M.

21. I hereby certify that I attended the deceased from July 8  
 1946 to Nov 8 1946  
 that I last saw her alive on Nov. 8 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
 Duration 1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) (e) Means of injury 11

23. Signature Kernon Latham (M. D. or other) \_\_\_\_\_

Address California Mo. Date signed 11-12-46

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

36391

RECEIVED  
District Health Officer May 29  
District File Number  
Date Filed 1-2-6

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 Hugh E. Williams  
Licensed Embalmer No. 3537  
P. O. Address California 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.