

FILED APR 27 1942
Registration District No.

Primary Registration District No. 1

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Hicksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
110 E. Randolph
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0
(Specify whether)

In this community 65 years
years, months or days

3. (a) PRINT FULL NAME WILLIAM GEORGE BAILEY

(b) If veteran, name war no

(c) Social Security No. none

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Samatha Bailey

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased May 27 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Dr.

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name 11

15. Birthplace 11 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bailey

(b) Address Hicksville

17. (a) Burial (b) Date thereof April 12 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Hicksville

18. (a) Signature of funeral director P. O. Stanton

(b) Address 2 Lancaster

19. (a) April 10 1942 (b) Mrs. J. M. Way
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Hicksville
(If outside city or town limits, write "RURAL")

(d) Street No. 110 E Randolph
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 9
year 1942 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from call
Apr 9, 1942 to Apr 9, 1942, 1942
that I last saw him alive on Apr 9, 1942, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis acute

Due to Senility

Due to 162

Other conditions (include pregnancy within 3 months of death) 162

Major findings:
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)
(e) Means of injury 11

23. Signature R. O. Stickler (M. D. or other) MD

Address Hicksville mo Date signed 4/10/42

RECEIVED

District Health Officer No. 10

District File Number 4-10-785

Date Filed APR 15 1942

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.....

P. D. Fenton

Licensed Embalmer No. 3705

P. O. Address Manchester

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.