DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33074

State File No.

FILED NOV 11 1942

Registration District No.

Primary Registration District No. **4020**

Registrar's No.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
1 X19511

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

1. PLACE OF DEATH:

(a) County **Audrain**

(b) City or town **Laddonia**
(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
In this community **45 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Audrain**

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

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME **William G. Bailey**

3. (b) If veteran, name war.

8. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Zoda Bailey** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **June 14 1863**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	4	17	hr. min.

9. Birthplace **Williamsberg** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **Farmer-Stockman**

11. Industry or business **Farming**

FATHER
12. Name **John Bailey**
13. Birthplace **Ky** (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name **Mary Gregory**
15. Birthplace **Va** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature *Junior Lopata*
(b) Address **Center, Mo.**

17. (a) **Burial** (b) Date thereof **11/2/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Laddonia**

18. (a) Signature of funeral director *Gus R Hulse*
(b) Address **Center Mo**

19. (a) **11-2-42** (b) *Geo W Watkins*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **31** year **1942** hour **8** minute **15p** M.

21. I hereby certify that I attended the deceased from **April 15** 19**39** to **Oct 31**, 19**42**; that I last saw him alive on **Oct 31**, 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of throat** Duration **3-4d**

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?

(Specify type of place)
While at work? (e) Means of injury

23. Signature **WK McCall** (M. D. or other)
Address **Laddonia Mo** Date signed **11-2-42**

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10

District File Number _11-42-1989_

Date Filed _____ NOV - 9 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 _Gilbert G. Hulse_

Licensed Embalmer No. _3356_

P. O. Address _Center_

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, above space should be left blank.