

S. No. 2  
-9-4-41  
5-17-39  
I X2948

24868

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED AUG 7 1943  
Registration District No. 15

Primary Registration District No. 4187

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Union  
(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 \_\_\_\_\_ (Specify whether)

In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Union 5  
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William P. Bay

3. (b) If veteran, name war first world war 3. (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 yes 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Mayn, Missouri 1894  
(Month) (Day) (Year)

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

49 2 16 hr. \_\_\_\_\_ min.

9. Birthplace Union, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

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

MOTHER FATHER { 12. Name John W. Bay

{ 13. Birthplace Robertsville, Missouri 0  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Johnson

{ 15. Birthplace Terra Haute, Ind. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Iceadell A. Bay

(b) Address Union, Mo.

17. (a) Burial (b) Date thereof July 21 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Missouri.

18. (a) Signature of funeral director W. E. McCall

(b) Address Union, Mo.

19. (a) 7-21-43 (b) Edward M. Puges  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
year 1943 hour 1:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from May 30 1943 to July 18 1943  
that I last saw him alive on July 17 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism

Due to Chronic Mitral Endocarditis

Other conditions 92 years  
(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? \_\_\_\_\_

23. Signature W. E. McCall (Specify type of place) (e) Means of injury 0  
51- Clairmo (M. D. or other) Date signed 7/18/43

1114

(Licensed Embalmer's Statement on Reverse Side)

AUG 11 1943

---

**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..... *W. H. Stone*  
Licensed Embalmer No. *3175*  
P. O. Address..... *Union, 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.**