

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED NOV 28 1945 STANDARD CERTIFICATE OF DEATH

State File No. 377771

Registration District No. 178

Primary Registration District No. 5659

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Rural Canton, Mo.
(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 40 yrs. years, months or days

3. (a) PRINT FULL NAME Walter Edgar Bailey

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Eliz. Tretter 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 18, 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Parkersburg, W. Va. / (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Bailey
13. Birthplace Ohio / (City, town, or county) (State or foreign country)
14. Maiden name Mary Sutter
15. Birthplace W.VA. / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.E. Bailey
(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof Oct. 3, 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of funeral director Paul W. Jenkins

(b) Address Canton, Mo.

19. (a) 10-1-46 (b) P.W. Jenkins, M.D. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(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? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 year 1945 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 13 to Sept. 30, 1945, that I last saw him alive on Sept. 29, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 mks
Due to Arteriosclerosis

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) (c) Means of injury _____

23. Signature P. W. Jenkins (M. D. or other) Address Canton, Mo. Date signed 10/1/45

RECEIVED

District Health Officer No. 10

District File Number 11-45-1633

Date Filed NOV 23 1945

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

Earl A. Buckley

Licensed Embalmer No.

2615

P. O. Address

Canton, 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.