

On, Wednesday

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

FILED JAN 25 1946

14-204-853-107

2406

Do not use this space.

## 1. PLACE OF DEATH

(a) County Cass  
 (b) Township Pleasant Hill  
 (c) City Missouri

Registration District No. 59  
 Primary Registration District No. 4099

Registered No. 12

(d) Street No. 1  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

James Henery Bailey(a) Residence, No. Pleasant Hill MissouriSt. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male ( ) 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Lile Ann Bailey  
 (write name of)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 6, 1862

7. AGE YEARS 83 MONTHS 3 DAYS 8  
 IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) Jan 18, 1946  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Organ County  
 (STATE OR COUNTRY) Missouri

13. NAME William Wesley Bailey

14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

17. INFORMANT William H. Bailey  
 (ADDRESS) Pleasant Hill Missouri

18. BURIAL PLACE Pleasant Hill DATE 17 January 1946

19. FUNERAL DIRECTOR (NAME) W. Brownfield  
 (ADDRESS) Pleasant Hill

20. FILED Jan 18, 1946

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1946

22. I HEREBY CERTIFY, that I attended deceased from Dec 24, 1945 to Jan 14, 1946

I last saw him alive on Jan 18, 1946. Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis  
Chronic Myocarditis  
Arteriosclerosis

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....  
 (Signed) J. L. Hearn  
 (Address) Pleasant Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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**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, ~~on~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*James C Wallace*

Licensed Embalmer No. *3921*

P. O. Address *Pleasant Hill, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Feb  
Registrar's No. 12

Registration District No. 51

Primary Registration District No. 4099

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Pleasant Hill  
(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. years, months or days)

3. (a) PRINT FULL NAME

James H. Bailey  
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive.

7. Birth date of deceased Oct 6 (Month) (Day) (Year)

8. AGE: Years 93 Months 3 Days no (If less than one day, hr. min.)

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Rama J. Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. (b) County.  
(c) City or town. (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 Jan year 1946 minute 50 p.M.

21. I hereby certify that I attended the deceased from Jan 6 to Jan 6, 1946; that I last saw him alive on Jan 6, 1946; and that death occurred on the date and hour stated above. Immediate cause of death

Due to

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

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

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