

**FILED** **AUG 19 1946**  
Registration District No. **337**

Primary Registration District No. **4499**

Registrar's No. **73**

1. PLACE OF DEATH:

(a) County **Shelby County**  
(b) City or town **Shelbina, Mo.**  
(c) Name of hospital or institution: **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Entire life** (Specify whether years, months or days)

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

3. (b) If veteran, **X** name war. 3. (c) Social Security **X** No.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Aney Bailey** 6. (c) Age of husband or wife if alive **65** years  
7. Birth date of deceased **August 16th 1872**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **11** Days **15** If less than one day hr. min.

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

10. Usual occupation **Farming**

11. Industry or business **F**

12. Name **Dr. Wm. Lewis Bailey**

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

14. Maiden name **Ellen Bates**

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

16. (a) Informant **Mrs. William Bailey**

(b) Address **Shelbina, Mo.**

17. (a) **Burial** (b) Date thereof **8-3-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Prairie**

18. (a) Signature of funeral director **Million & Barkedew**

(b) Address **Shelbina, Missouri**

19. (a) **Aug 2-46** (b) **Rich Jaeger**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby** **102**  
(c) City or town **Shelbina, Mo.** **2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No) **0**  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31st**  
year **1946** hour **1** minute **30 P.**

21. I hereby certify that I attended the deceased from **June 3, 1946 to July 31, 1946**  
that I last saw him alive on **28 July**, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis** Duration

Due to **Arteriosclerosis + Prostatitis**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **938**

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence **July 31, 1946**

(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 **0**

23. Signature **J. A. Furnish** (M. D. or other)

Address **Shelbina Mo** Date signed **8/1/46**

RECEIVED  
District Health Officer No. 10  
District File Number 8-46-1559  
Filed AUG 14 1946

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. Harris*

..... Licensed Embalmer No. *3498*

P. O. Address.....

*Shelburne N.Y.*

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.