

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 215

Primary Registration District No. 5783

Registrar's No.

1. PLACE OF DEATH:

(a) County Miller Rural
(b) City or town Rural
(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 Seven years
(Specify whether years, months or days)
In this community Seven years

3. (a) PRINT FULL NAME

WILSON HENRY BAILEY

3. (b) If veteran, ✓
name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife May C Bailey

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 3 (Month)

29 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>7</u>	<u>2</u>	hr. min.

9. Birthplace St. John's
(City, town, or county)

Mich
(State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name

B. N. Bailey

13. Birthplace

Lackport N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name

Louisa Woodruff

15. Birthplace

Bermond
(City, town, or county) (State or foreign country)

16. (a) Informant

Kerry A. Bailey

(b) Address

Vienna, Mo

17. (a)

(Burial, cremation, or removal)

(b) Date thereof 11-4-1946
(Month) (Day) (Year)

(c) Place: burial or cremation

Vienna, Mo

18. (a) Signature of funeral director

J. C. Birmingham

(b) Address

Vienna, Mo

19. (a)

(Date received local registrar)

(b) Nov. 28-46
(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller
(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? No. (Yes or No)
If yes, name country: ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1946 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from 1 to 1, 1946,
that I last saw him alive on 1, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion

Duration

four months

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) Q4A
(b) Date of occurrence 11-4-1946
(c) Where did injury occur? Vienna, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

M. E. Humphrey (M. D. or other)
Address Vienna, Mo Date signed 11-8-46

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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, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.