-1/47
-17-39-

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

National Office of Vital Statistics

FILED OCT 25 1948

STANDARD CERTIFICATE OF DEATH

State File No. 33469

Registration District No. 183 — Primary Registration District No. 5682 — Registrar's No.

1. PLACE OF DEATH:
(a) County Linn
(b) City or town New Boston, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural - North Salem, Twp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 65 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 5 Mi. N.W. of New Boston (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

58
0
0
0

3. (a) PRINT FULL NAME William Jacob Bailey
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora Mae Bailey
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased February (Month) 11 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
65	7	27	hr. min.

9. Birthplace Linn Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Alexander Bailey
13. Birthplace Wisconsin (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Theodorus
15. Birthplace Linn Co. Mo (City, town, or county) (State or foreign country)
16. (a) Informant Garnet Bailey
(b) Address Ethel, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10. 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Price Cemetery
18. (a) Signature of funeral director Larson Funeral Service
(b) Address Bucklin, Mo
19. (a) Oct 12 1948 (Date received local registrar) (b) Elva Cookshanks (Registrar's signature) 166

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 8 day 1948
year hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 27, 1948 to March 27, 1948 that I last saw him alive on March 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocarditis	
Due to: Coronary occlusion	
Due to: Coronary thrombosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature R. A. Dinelbess (M. D. or other) D.O.
Address Bucklin Mo Date signed 10-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 10 1955

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, M

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.