

Registration District No. **347-351** Primary Registration District No. **4208**

1. PLACE OF DEATH:

(a) County **Henry**  
(b) City or town **Deepwater, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **46 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**  
(c) City or town **Deepwater**  
(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 \_\_\_\_\_

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

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married **divorced**  
(b) Name of husband or wife **Alma** (c) Age of husband or wife if alive **56** years  
7. Birth date of deceased **1 - 27 - 1915**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **5** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Clair Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Sigall Thomas Bailey**  
13. Birthplace **St. Clair Co. Missouri**  
14. Maiden name **Matilda Burgess**  
15. Birthplace **St. Clair Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Alma Bailey**

(b) Address **Deepwater, Missouri**

17. (a) **Burial** (b) Date thereof **7-14-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Robt. Dunning Cem.**

18. (a) Signature of funeral director **Fred Wilkinson**

(b) Address **Clinton, Missouri**

19. (a) **July 13, 1942** (b) **Georgia Kitchen**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **12**  
year **1942** hour **7 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **94a**

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) (e) Means of injury \_\_\_\_\_

23. Signature **Deepwater, Mo** (M. D. or other) \_\_\_\_\_

Address **Deepwater, Mo** Date signed **7/13/42**

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

45  
00

RECEIVED

District Health Officer No. 71

District File Number 8-42-893

Date Filed 8-7-42

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.....

*G. L. Wilkerson*

Registered Apprentice No. ....

working under my personal supervision.

Signed

*Fred Wilkerson*

Licensed Embalmer No. 7478

P. O. Address Clinton, 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.