

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1943 37

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 237

Primary Registration District No. 3023

Registrar's No. 2376

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Clinton MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wetzel Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 29 S. Boeke
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Carl 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 0

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

7. Birth date of deceased Dec 24 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Jimmie Bailey
13. Birthplace Deepwater MO
(City, town, or county) (State or foreign country)
14. Maiden name Mable Corhart
15. Birthplace Deepwater MO
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Corhart

(b) Address Deepwater MO

17. (c) (Burial, cremation, or removal) _____ (b) Date thereof 12-26-42
(Month) (Day) (Year)

(c) Place: burial or cremation Deepwater, Argo

18. (a) Signature of funeral director John Fred

(b) Address Deepwater, MO

19. (a) Dec 26 1942 Georgia Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1942 hour 9:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from Dec. 24
_____, 1942 to Dec 26, 1942
that I last saw h. alive on Dec 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death - Enlarged Thyroid
Duration _____

Due to Baby very thin & malnourished unable to digest food.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 64

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) (e) Means of injury 2

23. Signature Guad M... (M. D. or other) MD

Address Clinton MO Date signed Dec 26 1942

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

12
2

1069

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1444

Date Filed 1-14-43

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.....

Tom Neal

Licensed Embalmer No. 2782

P. O. Address Depue, 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.