

FILED MAY 23 1946
Registration District No. 46

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
State Hospital No. 2
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 months 24 days
(Specify whether years, months or days)
In this community 19 months 24 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Parisville
(If outside city or town limits, write "RURAL")
(d) Street No. 109 E. Cottonwood St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WALTER A. BAILEY

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Bailey 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased 03-25-1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation Common Laborer

11. Industry or business

MOTHER FATHER { 12. Name James Bailey
13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sallie Michael
15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Bailey

(b) Address 109 E. Cottonwood, Parisville, Mo

17. (a) Burial (b) Date thereof 5/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkville, Mo

18. (a) Signature of funeral director Newton Beale & Bauman

(b) Address St. Joseph, Mo

19. (a) May 14, 1946 (b) W. Mitchell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 13
year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-14-1945 to 5-12-1946
that I last saw him alive on 5-12-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 20 years
Due to arterio sclerosis 25 years
Due to alcoholism 30 years

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations
Of autopsy
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 L. I. Slueck (M.D. or other)
Address State Hospital No. 2 Date signed 5-13-46

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

MAY 27 1948

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.....

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *319th St. St. Joseph*

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.