FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 15 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37085

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1431

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: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 24 hours (Specify whether in this community years, months or days): 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph (If outside city or town limits, write "RURAL") 1

(d) Street No.: 926 Felix St (If rural, give location) 7

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country: 0

3. (a) PRINT FULL NAME: William J. Bailor

3. (b) If veteran, name war: no

3. (c) Social Security No.: 493-14-7233

4. Sex: Male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: married 1

6. (b) Name of husband or wife: Verda

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: April (Month) 6 (Day) 1906 (Year)

8. AGE: Years 41 | Months 7 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace: Hamburg, Iowa (City, town, or county) 1 (State or foreign country)

10. Usual occupation: Painter

11. Industry or business: House Painting

FATHER
12. Name: James Bailor 9
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country) 1

MOTHER
14. Maiden name: 9
15. Birthplace: unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant: Mrs Verda Bailor

(b) Address: 926 Felix St, St. Joe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-13-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Barry Funeral Home

(b) Address: St. Joseph, Mo.

19. (a) 12-9-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11 year 1947 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 9, 1947 to Nov. 11, 1947 that I last saw him alive on Nov. 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral Lobar pneumonia	4 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 168	
Major findings: Of operations:	
Of autops: Bilateral Lobar pneumonia	

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) 0

While at work? (e) Means of injury:

23. Signature: J. J. Sharettino (M. D. ~~[illegible]~~) MO

Address: Doctors Bldg St. Joseph, Mo. Date signed: 11-17-47

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

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

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 Victor Barry

Licensed Embalmer No. 14212

P. O. Address S. T. Joseph m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.