No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37222

FILED DEC 3 1947

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 412

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 911 Lester St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 32 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")
(d) Street No. 911 Lester St 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME William Simpson Bailey
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Frances L. Bailey
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Apr. 11, 1866 (Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Fowlerville, N.Y. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Physician
11. Industry or business .....
FATHER
12. Name Unknown
13. Birthplace " — 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name "
15. Birthplace " — 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Frances Bailey
(b) Address Poplar Bluff, Mo
17. (a) B (b) Date thereof 11-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn - Poplar Bluff, Mo
18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff, Mo
19. (a) 11-29-47 (b) R H Minetree
(Date received local registrar) (Registrar's signature) 35

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1947 hour About 12:00 Noon minute ..... M.

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

	Duration
Immediate cause of death Myo Carditis	
Due to Senility	
Due to	
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 3

23. Signature Grover W Green Coroner
Address Poplar Bluff Mo Date signed 11/28-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1949

RECEIVED
District Health Office No. 2
Certificate No. 1247-1528
Date Filed 12-1-47

DEC 10 1947

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 George W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.