

REC'D APR 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12633
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Center Primary Registration District No. 6160 Registered No. 81
(c) City Nevada (d) Street No. Nevada, Mo. R.F.D. #1 St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 48 yrs. — mos. — ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Florence Ross Baugh

(a) Residence, No. Nevada, Mo. R.F.D. #1 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Baugh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 0 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky /
13. NAME William Ross /
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky /
15. MAIDEN NAME Anna Roberts /
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky /
17. INFORMANT Mrs. Lee Dawning (ADDRESS) Warrensburg, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Wase Cemetery DATE Mar 12, 1939
19. FUNERAL DIRECTOR (NAME) Foley Funeral Homes (ADDRESS) Nevada, Mo.
20. FILED Mar. 18, 1939 Allen V. Lane Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10, 1939

22. I HEREBY CERTIFY That I attended deceased from Feb 15 to Mar 10, 1939
I last saw her alive on Feb 10, 1939 Death is said to have occurred on the date stated above, at 7:10 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance: 50Cancer of breast

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. W. Yates M. D.

795 (Address) Nevada Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE FURNISHING WITH OUTFOLDING INK—THIS IS A PERMANENT RECORD

I X1402B

RECEIVED

District Health Officer No. 7,
District File Number 7-39-640
Date Filed 4-17-39

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, Personally

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Lloyd R. Winscott

Licensed Embalmer No. 3857

P. O. Address Newada, 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, above space should be left blank.