

REC'D JUN 8 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

19224  
Do not use this space.

## 1. PLACE OF DEATH

(a) Count, *Mexico* Registration District No. *339*  
 (b) Township, *Medicine* Primary Registration District No. *3733*  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. *10*  
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

*Susanna Baugher*  
 (a) Residence, No. *Harris Mo.* 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 *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF *Sanford Baugher*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr 7, 1866*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*73 1- 24*  
 OCCUPATION 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. *-*  
 10. Date deceased last worked at this occupation (month and year) *-* 11. Total time (years) spent in this occupation *L*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo* *0*

FATHER 13. NAME *Isaac Shattlemire* *1*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N. Va.* *1*

MOTHER 15. MAIDEN NAME *Judy Ann Bator*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N. Va.*

17. INFORMANT (ADDRESS) *Mrs. Jasie Foster Harris Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Half rock cemetery* DATE *June 2, 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *R. K. Payner & Son* *473*  
*Sals Mo*

20. FILED *June 5, 1939* *Mrs. Claude Thomas* Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 1, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *May 16, 1939*, to *May 31, 1939*  
 I last saw him alive on *May 29, 1939*. Death is said

to have occurred on the date stated above, at *3:25 A. M.*  
 The principal cause of death and related causes of importance were as follows:

*Pneumonia* Date of onset *May 16, 1939*  
*Pulmonary*

Other contributory causes of importance: *107 h*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? *no* 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 *U. S. Bradley* M. D.  
 (Signed) *Harris Mo* (Address)

RECEIVED

District Health Officer No. 11

District File Number 39-632

Date Filed JUN 7 1939

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,

*PK Payne Jr*

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*PK Payne Jr*

Licensed Embalmer No.

3400

P. O. Address

Galtmo

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.