S. No. 2
—11-10-39
. 5-17-39
I X21492

FILED MAY 1 - 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15530

State File No.

Registration District No. 581 Primary Registration District No. 4343 Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Monroe City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 325 Second St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether

In this community 35 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Monroe City (If outside city or town limits write "RURAL")

(d) Street No. 325 Second St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Charles Bush Baynum

3. (b) If veteran, name war —

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ora

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Aug. (Month) 15 (Day) 1873 (Year)

8. AGE: Years 66 Months 7 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation Street Commissioner

11. Industry or business

FATHER 12. Name Samuel Baynum

13. Birthplace Marion County (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Mary Francis Bush

15. Birthplace Marion County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Carl J. Gike

(b) Address 325 S. Second St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St Judes Cemetary

18. (a) Signature of funeral director Neilson & Son

(b) Address Monroe City Mo.

19. (a) April 9 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1940 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1/17 1939 to 4/8 1940 that I last saw him alive on 4/6 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature T. N. Simmons (M. D. or other) D.O.

Address Monroe City, Mo. Date signed 4/9/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-40-929
Date Filed MAY 8 1940

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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.