

Registration District No. 147

Primary Registration District No. 47-5810

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Archie, Mo. Rural, Austin, Mo. Rural, Austin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 13 months
years, months or days

8. (a) PRINT FULL NAME Elma Ann Baer 600

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 27, 1840
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
99 4 5 hr. min.

9. Birthplace Licking County, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business _____

12. Name La Fayette Baer
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Johnston
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. E. Bayce
(b) Address Archie, Mo.

17. (a) Burial (b) Date thereof 5-3-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crescent Hill

18. (a) Signature of funeral director Atkinson Bros.
(b) Address Archie, Mo.

19. (a) May 5-1940 (b) Mrs. Don Odair
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Archie, Rural, Austin, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1940 hour 15 minute 17 M.

21. I hereby certify that I attended the deceased from June 20-1939
to May 2, 1940
that I last saw him alive on April 30
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Cerebral Hemorrhage
Arteriosclerosis
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? 140

(Specify type of place) _____
While at work _____ (e) Means of injury _____

23. Signature T. W. H. L. (M. D. or other) 1
Address Archie, Mo. Date signed 5-2-1940

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.