

JUN 14 1940 615-

Registration District No. 5817

Registrar's No. 7.15

1. PLACE OF DEATH:  
(a) County Newton Missouri  
(b) City or town Rural  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community 66 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Newton  
(c) City or town RFD-5 Neosho Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 Rural  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME AMELIA S. BAYNHAM 55  
(b) If veteran, no (c) Social Security name war. No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 2  
year 1940 hour 5 minute 45 AM

4. Sex Female 5. Color or race White (e) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife William F Baynham 6. (c) Age of husband or wife deceased  
7. Birth date of deceased Oct. 12 1854  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 10, 1940 to May 1, 1940;  
that I last saw her alive on May 1, 1940 and that death occurred on the date and hour stated above.  
Immediate cause of death embolus complicated by cerebral hemorrhage and pyelitis

8. AGE: Years 85 Months 6 Days 20 If less than one day hr. \_\_\_\_\_ min \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Duration \_\_\_\_\_

9. Birthplace Wappelo, Iowa (City, town, or county) (State or foreign country)  
10. Usual occupation Housekeeping  
11. Industry or business \_\_\_\_\_  
12. Name Dennis Williams  
13. Birthplace New York (City, town, or county) (State or foreign country)  
14. Maiden name Catherine Wilson  
15. Birthplace Iowa (City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Hellie B Edwards  
(b) Address RFD # 5 Neosho, Mo  
17. (a) \_\_\_\_\_ (b) Date thereof May 4, 1940 (Month) (Day) (Year)  
(c) Place: burial or cremation Diamond Cemetery  
18. (a) Signature of funeral director J. Ashley Bigham  
(b) Address Neosho, Mo.  
19. (a) May 3, 1940 (Date received local registrar) (b) Mrs. U.S. Chapman (Registrar's signature)

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? \_\_\_\_\_  
875 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature W. P. Anderson (M. D. or other) 3  
Address Hammond, Mo Date signed 5/4/40

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

RECEIVED

District Health Officer No. 6,

District File Number 6 40-1388

Date Filed JUN 11 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

Maricella Williams

Registered Apprentice No. 2344

working under my personal supervision.

Signed

J. B. [Signature]

Licensed Embalmer No. 2684

P. O. Address Residence [Signature]

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.