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

FILED NOV 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35981

Registration District No. 658 Primary Registration District No. 5873 Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Steele, Rural (Virginia) 7
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Steele, Rural (Vir)
(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.

3. (a) PRINT FULL NAME Alma Ann Baggett

3. (b) If veteran, name war

3. (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 October (Month) 28 (Day) 1940 (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Steele (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation None 1

11. Industry or business 1

FATHER
12. Name Grady Baggett
13. Birthplace Benton (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Carmon Lashlee
15. Birthplace Craighead (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Grady Baggett
(b) Address Steele, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-194 (Month) (Day) (Year)
(c) Place: burial or cremation Sanford Cem.

18. (a) Signature of funeral director German Undt. Co.
(b) Address Steele, Mo.

19. (a) Nov 1-1940 (Date received local registrar) (b) L. L. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 year 1940 hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h. alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death No medical aid	
Due to Premature child	
Due to	
Other conditions (Include pregnancy within 3 months of death) 169	

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

5 87

23. Signature L. L. Robinson Local Registrar (M. D. or other)
Address Steele, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

11-40-26

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.