

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Mexico Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Andrew Co Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 2 days
years, months or days)

3. (a) PRINT FULL NAME Bessie BAUGH

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

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

7. Birth date of deceased 1 - 31 - 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Middletown Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House

11. Industry or business _____

12. Name Charles Belcher

13. Birthplace West Va
(City, town, or county) (State or foreign country)

14. Maiden name Addie Maupin

15. Birthplace Franklin Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Lovelace

(b) Address Middletown, Missouri

17. (a) Burial (b) Date thereof 12-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friday Cemetery

18. (a) Signature of funeral director W. H. H. H.

(b) Address Mexico, Mo

19. (a) Dec 21 1940 (b) Blanche Heely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town near Middletown Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles south Middletown
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1940 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from 12-20-1940 to 12-21-1940
that I last saw her alive on 12-21-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Influenza

Due to II

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? _____

23. Signature Frank J. Jolley (Specify type of place) (a) Means of injury While at work?

Address Mexico, Mo Date signed 12/21/40

RECEIVED

District Health Officer No. 10

District File Number 41-120

Date Filed Jan. 4, 1941

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 Me and

The 21st day Dec 1940

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Oliver A Jones

Licensed Embalmer No. 2978

P. O. Address Billflower 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.