

REC JAN 25 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42749
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Co. Registration District No. 398
(b) Township Independence Primary Registration District No. 3019 Registered No. 327
(c) City Independence (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charlotte Cuples Baston

(a) Residence, No. 116 W. High St. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlie Baston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 yrs. 5 Mo. 12 ds.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Glasgow, Mo. (STATE OR COUNTRY)

13. NAME NOT KNOWN.

14. BIRTHPLACE (CITY OR TOWN) NOT KNOWN. (STATE OR COUNTRY)

15. MAIDEN NAME Evelyn Barton

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) MISSOURI

17. INFORMANT Mrs. Hattie Blake (ADDRESS) 116 N. High St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lees-Summit, Mo. DATE Dec. 28, 1940

19. FUNERAL DIRECTOR C. E. Davis (ADDRESS) 912 - E. Lexington, Indep. Mo.

20. FILED Dec 28, 1940 H. L. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1940, to Dec 24, 1940

I last saw her alive on Dec 24, 1940 Death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

Branchial acteria
sent through
mesocardial artery
from heart
sent home

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) S. H. Griffin M. D.

(Address) 112 4th St. Lynn

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)