

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

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town Victoria
 (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 None
 In this community 21 Days
 years, months or days (Specify whether 2)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jefferson
 (c) City or town Victoria
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Alta Marie Baur
 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 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 3, 1940
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 24
 year 1940 hour 6 minute 30 A.M.
 21. I hereby certify that I attended the deceased from 12/22, 1940 to 12/24, 1940
 that I last saw her alive on 12/23, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days 21 If less than one day hr. _____ min. _____
 9. Birthplace Victoria Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Infant

Immediate cause of death _____
 Due to Spinal Meningeal Inflammation
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

MOTHER { 11. Industry or business _____
 { 12. Name Franklin Paul Baur
 { 13. Birthplace DeSoto Mo.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Daphyn Butler
 { 15. Birthplace DeSoto Mo.
 (City, town, or county) (State or foreign country)
 16. (a) Informant Franklin P. Baur
 (b) Address Victoria Mo
 17. (a) Burial (b) Date thereof Dec. 26
 (Burial, cremation, or removal) (Month) (Day) (Year)
DeSoto Mo.
 (c) Place: burial or cremation
 18. (a) Signature of funeral director Lee Mothershead
 (b) Address DeSoto Mo.
 19. (a) Jan. 1, 1941 (b) Medford Perry
 (Date received local registrar) (Registrar's signature)

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?
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 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature R. E. Preece (M. D. or other) D. O.
 Address Edgewood, DeSoto, Mo. Date signed 12/30/40

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..