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13-40
7-39
X23159

Registration District No. 104

Primary Registration District No. 5165

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural - Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 14 miles west of Fulton
(If rural, give location) No.

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

3. (a) PRINT FULL NAME William Gladstone Badawath

(b) If veteran, name war no

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May - day 15th
year 1941 hour 10 - minute 45 A. M.

4. Sex m 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maude Badawath

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 18 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; that I last saw him in dept. alive on May - 15th, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

54 2 8 _____ hr. _____ min.

Immediate cause of death Accident - attempting to cross a ravine with farm tractor while plowing

Due to tractor reared up, falling back on him, crushing him

Due to death instantly.

9. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farming

Major findings: Of operations

11. Industry or business

Of autopsy

12. Name John Badawath

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

14. Maiden name Ella Hall

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

16. (a) Informant Mrs Ben Froehner

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof May 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director J. H. Wallace

(b) Address Fulton, Missouri

19. (a) May 16, 1941 (b) R. N. Crews
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Farm tractor.

(b) Date of occurrence May - 15th

(c) Where did injury occur? on farm, Callaway
(City or town) (County) (State) (No.)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
while plowing on farm
(Specify type of place) (e) Means of injury crushed.

While at work yes

23. Signature J. W. Holman, coroner
Address 8-E-8th St. Fulton, Mo.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Herold J. Christy

Licensed Embalmer No. *4002*

P. O. Address *Dutton, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.