

1941

STANDARD CERTIFICATE OF DEATH

State File No. 24978

Registration District No. 272

Primary Registration District No. 4165

Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County Wagoner
(b) City or town Ava
(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 months (Specify whether
In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wheeler
(c) City or town rural Seymour
(If outside city or town limits, write "RURAL")
(d) Street No.: (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Berth Newton Baty

3. (b) If veteran, name war no 3. (c) Social Security No. 500-12-9370

4. Sex male 5. Color or race white (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Berdie Bertie 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Dec. 30 1891
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 20 If less than one day hr. min.

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

10. Usual occupation Truck driver

11. Industry or business

MOTHER FATHER { 12. Name Wiley Baty

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

14. Maiden name Georgia Richardson

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

16. (a) Informant Berdie Baty

(b) Address Seymour Mo.

17. (a) burial (b) Date thereof June 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Star Cemetery

18. (a) Signature of funeral director Blenner Palle

(b) Address Ava Mo

19. (a) 2-28-1941 (b) G. H. K. White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1941 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from for 3 hrs.
19... to... 19...
that I last saw h... alive on... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion
Duration 3 hrs.

Due to... 94 W

Due to...
Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. C. Bentley (M. D. or other) D
Address Ava Mo Date signed 7-27-41

RECEIVED

District Health Officer No. 6,

District File Number 841-1273

Date Filed AUG 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Denver Roller

Licensed Embalmer No. 4016

P. O. Address ava, 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, fact should be so stated above.