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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 37495

Registrar's No. 4290

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3633 Forest
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Oliver P. Baty

3. (b) If veteran, name war ---
3. (c) Social Security No. ---

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louisa J.
6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 12, 1860
(Month) (Day) (Year)

8. AGE: Years 81 | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace Effingham, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

FATHER
12. Name George Washington Baty
13. Birthplace No Record
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. Elliot
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Nancy May Spence
(b) Address 3633 Forest

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/41
(Month) (Day) (Year)
(c) Place: burial or cremation Parsons, Kansas

18. (a) Signature of funeral director Quirk & Tobin Co
(b) Address K.C., Mo.

19. (a) 11-19-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18th
year 1941 hour 5 minute 53 A.M.

21. I hereby certify that I attended the deceased from Dec 1940
12 1940, to 11-18, 1941;
that I last saw him alive on 11-18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Perforation of Stomache, Shock

Due to Ulcer

Due to 117

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Perforation Stomache, Ulcer

Duration

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

23. Signature H. H. Owens (M. D. or other) MD
Address 1034 Ricalto Date signed 11-1941

(Licensed Embalmer's Statement on Reverse Side)

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 John J. Conway, Registered Apprentice No. 807 working under my personal supervision.

Signed Charles M. Zwick

Licensed Embalmer No. 3634

P. O. Address K. C., 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.