

FILED JAN 22 1942
Registration District No. 626

Primary Registration District No. 5828

State File No. _____

Registrar's No. _____

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

1. PLACE OF DEATH: *Medway, Pa*

(a) County *Medway*

(b) City or town *Parrell, Ind.*

(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 _____ (Specify whether)

In this community *40 yrs.* years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *MO* (b) County *Medway*

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME *CLORA ALICE BAUBLITS*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *11* day *6* year *1941* hour *12:00* minute *30 A.M.*

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

21. I hereby certify that I attended the deceased from _____, 19*39* to *Oct 11*, 19*41* that I last saw her alive on *Oct 11*, 19*41* and that death occurred on the date and hour stated above.

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *Widowed*

6. (b) Name of husband or wife *Joshua E. Baublits* 6. (c) Age of husband or wife if alive _____ years

6. Birth date of deceased *Feb. 16 1857* (Month) (Day) (Year)

Immediate cause of death *Chronic Myocarditis* Duration *10 yrs.*

8. AGE: Years *84* Months *8* Days *31* If less than one day hr. _____ min. _____

Due to *93d*

9. Birthplace *Highland Co., Ohio* (City, town, or county) (State or foreign country)

Other conditions *Cerebral hemorrhage (2)* (Include pregnancy within 3 months of death)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name *John Murdoch*

13. Birthplace *Unknown Ohio* (City, town, or county) (State or foreign country)

14. Maiden name *Mary*

15. Birthplace *Unknown Ohio* (City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant *Walter Warner* (b) Address *Parrell, MO.*

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? _____

17. (a) *Burial* (b) Date thereof (Month) (Day) (Year) _____

(c) Place: burial or cremation *Parrell Cemetery*

23. Signature *Donald M. Dowell, M.D.* (Specify type of place) (e) Means of injury _____

While at work _____

18. (a) Signature of funeral director *Frank C. Duple*

(b) Address *Frank City, MO*

19. (a) *12-12-41* (b) *Walter F. Kennedy* (Date received local registrar) (Registrar's signature)

23. Signature *Donald M. Dowell, M.D.* (M.D. or other) _____

Address *Chillicothe MO* Date signed *11-9-41*

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.....

Arch C. Danglee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.