S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2496

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin Ct. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2523 Empire (If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 2523 Empire (If rural, give location) 5

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Alexander Baugh

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 25 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
57	1	18	hr. min.

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

10. Usual occupation Miner

11. Industry or business

FATHER
12. Name John Baugh
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Margaret Stussy

(b) Address Joplin

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan 9 (Month) (Day) 1942 (Year)

(c) Place: burial or ~~cremation~~ Carterville Cem

18. (a) Signature of funeral director Webb City Und Co.

(b) Address Webb City Mo.

19. (a) 1-8-42 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1942 hour 6.35 minute a M.

21. I hereby certify that I attended the deceased from Jan 5-42, 1942, to Jan 7, 1942 that I last saw him alive on on Jan 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:
Of operations

Of autopsy

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 B Kerr D.O.

Address 530 ½ Main Date signed 1-8-42

(Licensed Embalmer's Statement on Reverse Side)

42.1-59

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 Myself,

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb 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.