

FILED MAR 9 1943

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 483

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY, MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No 1 2827 Chelsea
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether _____)

In this community 50 YEARS. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY, MO
(If outside city or town limits, write "RURAL")

(d) Street No. 2827 CHELSEA
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME PEARL WATSON BAUGHMAN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 2nd
year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from DEC. 20th
1941 to FEB 2nd 1942

that I last saw him alive on FEB 2nd 1942
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife DAISY CELARE BAUGHMAN

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased APRIL 14 1869
(Month) (Day) (Year)

Immediate cause of death CARCINOMA of BOWEL (SMALL METASTATIC Ca of LIVER)

Due to _____

Duration 1 year

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

72 9 2 hr. min.

Due to 462

Other conditions CHRONIC MYOCARDITIS
(Include pregnancy within 3 months of death)

9. Birthplace ALASKA OHIO
(City, town, or county) (State or foreign country)

Major findings: NONE.

Of operations NONE.

Of autopsy NONE.

10. Usual occupation FARMER

11. Industry or business FARM

12. Name WILLIAM BAUGHMAN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Daisy Baughman

(b) Address 2827 Chelsea

17. (a) Burial (b) Date thereof 2-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Bentley

(b) Address 5811 Dwyer

19. (a) 2/4/42 (b) H. M. Crowe
(Date received local registrar) (Registrar's signature)

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)

(a) Means of injury _____

23. Signature John E. Cunningham (M.D. or other) _____

Address 1494 E. 87th St Date signed 2/2/42

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 George T. Buffington
Licensed Embalmer No. 2756
P. O. Address St. Louis, 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.