

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5765

State File No.

FILED MAR 16 1942

Registration District No.

Primary Registration District No. 300.2

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(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 --- (Specify whether
In this community 13 years
years, months or days)

3. (a) PRINT FULL NAME Addie Baise

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife George Baise (Dec) 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased Dec. 22, 1876 67 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 3 If less than one day hr. --- min. ---

9. Birthplace Howard County, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Wm. Shaw
13. Birthplace DK (City, town, or county) (State or foreign country)
14. Maiden name DK
15. Birthplace DK (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Fox

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 2/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williamsburg, Mo

18. (a) Signature of funeral director C. W. ...

(b) Address Mexico, Mo.

19. (a) Feb-27-1942 (b) Margaret H Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. R. #6 Fair Grounds Add.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1942 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from ---, 19 ---, to ---, 19 ---;
that I last saw him alive on ---, 19 ---;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Vasc. 3rd that the deceased came from natural causes, old age accompanied with anemic condition and chest cold. by Burton Corone
Due to ---
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 Eug. Burton Corone (M. D. or other)
Address Mexico, Mo Date signed 2/26/42

1017. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 10-42-385-

Date Filed MAR 11 1942

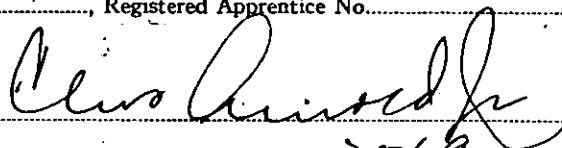
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 3569

P. O. Address Minneapolis

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.