

16864

S. No. 2
-1-4-41
5-17-39
P1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

2222

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

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:
802 Linwood Blvd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 802 Linwood Blvd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Isahell Baughman
(b) If veteran, name war _____
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 6
year 1942 hour 3:30 minute P. M.
21. I hereby certify that I attended the deceased from 2:30
June 4th, 1942 to June 4, 1942
that I last saw her alive on June 4
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Robert 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Dec-6-1883
(Month) (Day) (Year)

Immediate cause of death Diabetic Coma
Duration _____

8. AGE: Years 59 Months 5 Days 29
If less than one day _____ hr. _____ min.

Due to ✓ 61
Due to ✓ 61

9. Birthplace MO (City, town, or county) (State or foreign country) 0
10. Usual occupation at home

Other Chor. Myocarditis
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business _____
12. Name Lum Chapman
13. Birthplace MO (City, town, or county) (State or foreign country) 0
14. Maiden name Sarah Barkley
15. Birthplace MO (City, town, or county) (State or foreign country) 0

Major findings:
Of operations ✓
Of autopsy ✓
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Robert A. Baughman
(b) Address 802 Linwood Blvd
17. (a) burial (b) Date thereof 6-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director J. D. Malton
(b) Address 6/42 MO
19. (a) 6/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 J. F. Powell (M. D. or other) 0
Address 1000 E. Truman Date sign 6-6-42

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

18
33
8

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

J. S. Walton

Licensed Embalmer No.

2744

P. O. Address

K. E. MD

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.