

FILED JUN 22 4 81 491
Registration District No.

Primary Registration District No. 5654

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Lincoln Co.
(b) City or town Osborne, Kans.
(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
In this community Pharmacy Baumgardner
years, months or days

3. (a) PRINT FULL NAME

Albert Baity

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex male 5. Color of white (a) Single, widowed, married,
race Caucasian divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive _____ years
Dec 30 1943
(Month) (Day) (Year)

8. AGE: 76 Years Months 4 Days 14
45 If less than one day
hr. min.

9. Birthplace Lincoln Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER { 12. Name Dont know
13. Birthplace Dont know 9
(City, town, or county) (State or foreign country)
14. Maiden name Dont know
15. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Superintendent Co
(b) Address Baumgardner

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Co. Mo.

18. (a) Signature of funeral director James Nichols
(b) Address

19. (a) May 10 - 42 (b) Mrs. Mary Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Osborne
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1942 hour 1-00 minute _____ M.

21. I hereby certify that I attended the deceased from Apr 7 - 1941
to Mar 14 1942
that I last saw him alive on April 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Due to arteriosclerosis

Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
(c) Means of injury
23. Signature E. H. Sticker (M. D. or other)
Address Osborne Mo Date signed May 14 - 42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{NOT} ~~was~~ embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.