V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18532

State File No.

Registration District No. 377 Primary Registration District No. 5776 Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County MONITEAU

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

(c) Name of hospital or institution: 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 LIFETIME.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MONITEAU. 68 A

(c) City or town (RURAL) PILOT GROVE. D
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME VETA LOU BAYNE.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife CHARLES L. BAYNE.

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

7. Birth date of deceased 11 (Month) 27 (Day) 74 (Year)

8. AGE: Years 67 Months 6 Days 17 If less than one day hr. min.

9. Birthplace MONITEAU (City, town, or county) Mo. D (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business Home

FATHER
12. Name WADE HOWARD.
13. Birthplace MONITEAU (City, town, or county) Mo. D (State or foreign country)

MOTHER
14. Maiden name SODIE SOUSLEY.
15. Birthplace MONITEAU (City, town, or county) Mo. D (State or foreign country)

16. (a) Informant Mrs. Ed. Brady
(b) Address Latham, Mo.

17. (a) Bur. (Burial, cremation, or removal) (b) Date thereof 5/30/42 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemty

18. (a) Signature of funeral director [illegible]
(b) Address Versailles Mo

19. (a) 5/30/42 (Date received local registrar) (b) Mrs H. J. Sullivan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28th, year 1942 hour minute 8 A. M.

21. I hereby certify that I attended the deceased from dead when first seen, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

164a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence May 28, 1942

(c) Where did injury occur? Pilot Grove Twp - Moniteau - Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? (e) Means of injury Hanging

23. Signature Kenyon Latham (M. D. or other) Coroner

Address California, Mo Date signed 5-29-42

867

(Licensed Embalmer's Statement on Reverse Side)

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 W. F. Kidwell

Licensed Embalmer No. 1556

P. O. Address Greenville 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.