. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 17 1942

Registration District No. 937

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4497

State File No. 25474

Registrar's No. 80

102 1 0

1. PLACE OF DEATH
(a) County: Shelby
(b) City or town: Clarence
(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
In this community (Specify whether years, months or days): Lifetime 67 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Shelby 102 1
(c) City or town: Clarence 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Emma Jenny Baring
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January (Month) 31 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
67	5	14	hr. min.

9. Birthplace: Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business:
MOTHER FATHER
12. Name: George H. Baring
13. Birthplace: Illinois
(City, town, or county) (State or foreign country)
14. Maiden name: Augusta Josephine Reynolds
15. Birthplace: Ohio
(City, town, or county) (State or foreign country)
16. (a) Informant: F. H. Boring
(b) Address: Clarence Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 15, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Maplewood Cemetery
18. (a) Signature of funeral director: E. E. Dapper
(b) Address: Clarence, Missouri
19. Aug. 13 1942 (Date received local registrar) (b) Margie Goode (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1942 hour 12 minute 9 P. M.
21. I hereby certify that I attended the deceased from July 4, 1942 to July 14, 1942 that I last saw h[illegible] alive on July 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Endocarditis	
Due to: Pulmonary Infection	
Tuberculosis	
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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: Frank R. Coy (M. D. or other) M.D.
Address: Clarence, Mo. Date signed 7-16-42

1093

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10

District File Number _____

Date Filed _____

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 E. E. Happer

Licensed Embalmer No. 4260

P. O. Address Clarence, 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.