

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30722

State File No.

FILED OCT 14 1942

Registration District No. 178

Primary Registration District No. 5-659

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural - Canton
(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: LIFE
(Specify whether years, months or days)

3. (a) PRINT FULL NAME WALTER C. BAYNE

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY ELLIE BAYNE 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased OCT 10 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 11 5 hr. min.

9. Birthplace CANTON MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name John T BAYNE
13. Birthplace CANTON MO
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA DUNCAN
15. Birthplace CANTON MO
(City, town, or county) (State or foreign country)

16. (a) Informant WALTER C BAYNE
(b) Address CANTON MO

17. (a) BURIAL (b) Date thereof 9 10 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CANTON MO

18. (a) Signature of funeral director W. J. Kelly

(b) Address CANTON MO

19. (a) 9/17/42 (b) G. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Canton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15
year 42 hour 15 minute 0 M.

21. I hereby certify that I attended the deceased from 15 19 42 to 9-15 19 42
that I last saw him alive on 9-15 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 9-15-42

Due to Hypertension + arteriosclerosis

Due to 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 73

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) (a) Means of injury

23. Signature S. J. Hillard (M. D. or other) 200
Address Canton Mo Date signed 9-16-42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-42-1924

Date Filed OCT 12 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

W. S. Kelly, Registered Apprentice No.

working under my personal supervision.

Signed

W. S. Kelly
Licensed Embalmer No.

P. O. Address Canton 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.