

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33387

State File No.

FILED NOV 11 1942

Registration District No. 79

Primary Registration District No. 5174

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Climax Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home, Adair St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Florence Baty

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race wh
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Boon Baty 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Nov 19 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 4
If less than one day hr. min.

9. Birthplace Booster County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Housewife

12. Name Alexander Cornelius Baird

13. Birthplace Boonville, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Anna Redman

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Anneta Mofford

(b) Address Winard, Mo

17. (a) Burial (b) Date thereof Oct 25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woolery Cemetery

18. (a) Signature of funeral director Banks - Woolery

(b) Address Camden, Mo

19. (a) 10-26-1942 (b) Mrs. A. R. Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden
(c) City or town Climax Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Sen St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1942 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 5th
1942 to October 22, 1942
that I last saw her alive on Oct. 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death exhaustion
Duration

Due to pneumonia 4 days

Due to stroke 17 "

Other conditions neglect 10
(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) (e) Means of injury

23. Signature Robert L. Horton (M. D. or other) D.O.

Address Climax Springs, Mo Date signed 10-23-42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 11-42-1891
Date Filed 11-9-42

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 Abbie Banks Woolery
Licensed Embalmer No. 24887
P. O. Address Barnesville, 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.