

FILED DEC 11 1942

Registration District No. **5991**

Registrar's No. **102**

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

1. PLACE OF DEATH:

(a) County. **Putnam**

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

(c) Name of hospital or institution: **LIVONIA, MO.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **22 yr.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **Putnam**

(c) City or town. **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Livonia, Mo.**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country. **0**

3. (a) PRINT FULL NAME **JOHN FRANKLIN BAUGHER**

3. (b) If veteran, name war. **L**

3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **26th**
year **1942** hour **9:00** minute **15 AM.**

4. Sex **MO.** 5. Color or race **W.**

6. (a) Single, widowed, married, divorced. **M: 1**

6. (b) Name of husband or wife. **CEDONA**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased. **DEC 20 1882**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years **59** Months **4** Days **6** If less than one day _____ hr. _____ min.

Immediate cause of death **Acute endocarditis**

Due to _____

Due to _____

9. Birthplace. **Putnam, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation. **FARMER**

Other conditions (Include pregnancy within 3 months of death) **918**

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name. **JAMES W. BAUGHER**

13. Birthplace. **ILL.**
(City, town, or county) (State or foreign country)

14. Maiden name. **NANCY HUNTER**

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant. **Carlton Baugher**

(b) Address. **Livonia Mo**

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

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

(b) Date of occurrence _____

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof. **Nov. 29-42**
(Month) (Day) (Year)

(c) Place: burial or cremation. **St. John's Ep. Ch.**

(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 _____

18. (a) Signature of funeral director. **J. W. Jones**

(b) Address. **Unionville, Mo.**

19. (a) **12/27/42** (Date received local registrar)

(b) **[Signature]** (Registrar's signature)

23. Signature **E. W. Jones** (M-D or other) **Coroner**

Address **Unionville, Mo.** **3** Date signed **11-27-42**

RECEIVED

District Health Officer No. 10

District File Number 12-42-40 72

Date Filed Nov - 10 - 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.....
....., 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.