

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

DEPT. OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13916

State File No. _____

Registration District No. 49

Primary Registration District No. 5174

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Cameron
(b) City or town Rural Adair Twp.
(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 _____
years, months or days)

3. (a) PRINT FULL NAME

Boone Baty

3. (b) If veteran, name war None

3. (c) Social Security No. NONE

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Marcella Baird Baty

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

7. Birth date of deceased Sept. (unknown) 1867
(Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name UNKNOWN
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Highley
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Jackson

(b) Address Barnesboro, Mo.

17. (a) Burial (b) Date thereof April 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granger Cemetery

18. (a) Signature of funeral director White-Parker

(b) Address Warson Mo.

19. (a) 3-31-1943 (b) Mrs. G.R. Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cameron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1943 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 19, 1943, to March 24, 1943,
that I last saw him alive on March 24, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic
Senile Degeneration
Senile Debility

Due to _____
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C. H. Briggs (M.D. or other) Dr.
Address Clinton Springs, Mo. Date signed 4/1/43

RECEIVED

District Health Officer No. 7,

District File Number 3-43-131

Date Filed 4-16-43

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. 3053

P. O. Address Warsaw, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13916

Registration District No. 49

Primary Registration District No. 5174

Registrar's No. 9

1. PLACE OF DEATH

- (a) County Cambden
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

3. (a) PRINT
FULL NAME

Boone Baty

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex m 5. Color or race w
6. (b) Name of husband or wife
6. (c) Age of husband or wife if
alive years

7. Birth date of deceased Sept
(Month) (Day) (Year)

8. AGE: Years 85 Months Days
If less than one day min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

- (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Cambden
(c) City or town Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

- Immediate cause of death Bronchial
pneumonia
hypertensive
Due to senility

- Due to
Other conditions (Include pregnancy within 3 months of death)
107

- 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 (M. D. or other)

- Address Date signed

WRITE PLAINLY—USE INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

