

S. No. 2
M-5-42
5-17-39
PI X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 9 1943
Registration District No. 737

Primary Registration District No. 4218

Registrar's No. 131

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution:
605 East Jackson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Windsor 3
(If outside city or town limits, write "RURAL")

(d) Street No. 605 East Jackson
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Lillian Blanch Baugh

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1943 hour 8:40 AM _____ M.

21. I hereby certify that I attended the deceased from Jan 1
1943, to June 14, 1943
that I last saw her alive on June 12, 1943
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph E. Baugh 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 3 1860
(Month) (Day) (Year)

Immediate cause of death Carcinoma of breast 5 yrs.

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

82 8 11 _____ hr. _____ min.

Due to _____

Due to _____ 50

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER { 12. Name John A. Barrows

FATHER { 13. Birthplace unknown Michigan
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Williams

15. Birthplace Onedago County, New York
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Sam Marti

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 6-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) June 30, 1943 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury _____

23. Signature Ray B. Jordan (M. D. or other) _____

Address Windsor, Mo. Date signed 6-22-43

RECEIVED

District Health Officer No. 7,

District File Number 6-43-648

Date Filed 7-8-43

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 Charles H. Hinton

Licensed Embalmer No. 3371

P. O. Address Windsor, 202

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.