

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21735

State File No.

Registrar's No.

FILED JUN 21 1948

Registration District No. 170

Primary Registration District No. 3033

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon, Mo
(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

Grace L. Littleton Baggett

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 31 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 9 hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Untermyer
13. Birthplace Untermyer
(City, town, or county) (State or foreign country)
14. Maiden name Untermyer
15. Birthplace Untermyer
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Floyd Peterson
(b) Address Wayne St Mo.
17. (a) Burial (b) Date thereof 5 11 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakland 5-12-43

18. (a) Signature of funeral director E. H. Stewart
(b) Address Lebanon Mo
19. (a) May 11-43 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. 301 Van Buren
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1943 hour 9-30 minute 4 M.
21. I hereby certify that I attended the deceased from May 8, 1943 to May 8, 1943
that I last saw him alive on May 8, 1943
and that death occurred on the date and hour stated above
Immediate cause of death Cerebral hemorrhage Duration
hypertensive heart disease
Other conditions Chronic valvular heart disease
(Include pregnancy within 3 months of death)

Due to Cerebral hemorrhage

Due to hypertensive heart disease

Other conditions Chronic valvular heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations 938
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?

(Specify type of place)
While at work? (a) Means of injury
23. Signature Justin B. Krouse (M. D. or other)
Address Lebanon, Mo. Date signed 5/10/43

1090 (Licensed Embalmer's Statement on Reverse Side)

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

Received JUN 4 1943

Laclede County Health Unit

File No. 18-43-81

Date Filed JUN 15 1943

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

E. N. Stewart

Licensed Embalmer No.

1885

P. O. Address

Sharon 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.