

FILED DEC 13 1943

Registration District No. 164

Primary Registration District No. 5601

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution Warrensburg Township  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. Warrensburg Township  
(If rural, give location)

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

3. (a) PRINT FULL NAME Minnie Christopher Baile

3. (b) If veteran, name war..... No.....

3. (c) Social Security No. ....

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Cliff Baile

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased December 21 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 19 If less than one day hr. .... min. ....

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

10. Usual occupation Houswife

11. Industry or business

MOTHER FATHER { 12. Name George K Christopher

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

14. Maiden name Elizabeth Smith

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

16. (a) Informant Lawrence Baile

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof Nov. 12, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Suncet Hill Cem

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg, Mo.

19. (a) Nov. 12, 1943 (b) W. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9 year 1943 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Oct 1 1943 to Nov 9 1943

that I last saw her alive on Nov 9 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 h.

Due to Myocardial Corde - regular arrhythmia, Diabetic mellitus 10 yr.

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 W. Williams M.D. (M. D. or other).....

Address Warrensburg, Mo. Date signed Nov 10, 1943

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

1001

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-10-43

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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 Carl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.**