

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15506

State File No.

FILED MAY 8 1944
Registration District No. 280

Primary Registration District No. 5961

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Rural Lee
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
on C.B.Y. R.R. right of way. 3
(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 William Raymond Baisch

3. (b) If veteran, name war No 3. (c) Social Security No. 712-12-6921

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora Pelman Baisch 6. (c) Age of husband or wife if alive 1894 years

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

8. AGE: Years Months Days If less than one day
50 10 26 hr. min.

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

10. Usual occupation Section worker R.R. track

11. Industry or business Railroad

12. Name W. M. Baisch

13. Birthplace don't know (City, town, or county) (State or foreign country)

14. Maiden name Magault (City, town, or county) (State or foreign country)

15. Birthplace don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Baisch

(b) Address East Leavenworth Mo

17. (a) Burial (Burial, cremation, or funeral) (b) Date thereof March 19-44 (Month) (Day) (Year)

(c) Place: burial or cremation Weston Mo.

18. (a) Signature of funeral director J. H. Francis

(b) Address Parkville Mo.

19. (a) 4-19-44 (Date received local registrar) (b) Mrs. Clay Siffert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 4 mile N. W. of Parkville on R.R. track (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1944 hour 4 minute 15.00 M.

21. I hereby certify that I attended the deceased from March 17 1944, to Mar 17 1944, that I last saw him alive on Mar 17 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Head
and Chest

Due to Being struck by a moving train

Due to

Other conditions Many fractures (Include pregnancy within 3 months of death)

Major findings: Of operations None 169-8

Of autopsy Body viewed

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

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

(b) Date of occurrence March 17 1944

(c) Where did injury occur? four miles S. of Mo (County) (State)

(d) Did injury occur in or about home, on farm, or industrial place, in public place?
On railroad right of way (Specify type of place)

While at work? Yes (e) Means of injury section

23. Signature W. H. Moon (M. D. or other) Coroner

Address Dearborn Date signed 3/17/44

Duration
Snuff
den

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No.

District File Number

Date Filed

JUN 20 1959

APR 1 1945
MAY 1 1945

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

Leland H. Francis

Licensed Embalmer No.

P. O. Address

*3451
Parkville 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.