

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

21728

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 155

Primary Registration District No. 4246

Registrar's No. 12

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

1. PLACE OF DEATH

(a) County Jasper

(b) City or town Carl Junction

(c) Name of hospital or institution:
304 S. Cowgill
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 11 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 304 S. Cowgill
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Juanita W. Baugh

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F | 5. Color or race W

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

6. (b) Name of husband or wife J.F. Baugh

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 3 19 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>3</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name W M SMITH

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

14. Maiden name Edna James

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

16. (a) Informant J.F. Baugh

(b) Address Carl Junction, Mo.

17. (a) Burial (b) Date thereof 6 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director RONEY FUNERAL SERVICE

(b) Address Carl Junction, Mo.

19. (a) June 26, 1944 (b) Mrs. Nellie Eagle
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1944 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6-24
1944 to 6/24 19 44

that I last saw her alive on June 24 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration about 30 minutes

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 O. L. Alberty (M. D. or other)
Address Carl Junction, Mo. Date signed June 24 1944

44-6-562

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.