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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1944

Registration District No. 214

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 25399

Registrar's No. 228

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
662 East 16th
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

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

(d) Street No. 662 East 16th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Constance Pauline Baty

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced infant 0

6. (b) Name of husband or wife **** ****

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

7. Birth date of deceased May 19, 1944
(Month) (Day) (Year)

8. AGE: Years 0 | Months 1 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace Sedalia, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation ***

11. Industry or business ***

FATHER
12. Name Orlo Baty
13. Birthplace Marceline, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pauline Cooper
15. Birthplace Sedalia, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.A. Cooper (grandmother)

(b) Address 662 East 16th, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/44
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Ewing Funeral Home

(b) Address Sedalia, Missouri

19. (a) 7-6-44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1944 hour 7:10 minute A M.

21. I hereby certify that I attended the deceased from 6/30, 1944 to 7/5, 1944
that I last saw him alive on 7/5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Gastro intestinal infection — Duration 5 da.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

19a

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? (e) Means of injury

23. Signature Dr Dyer (M. D. or other) 0

Address Sedalia Mo Date signed 7/6/44

11 2 2

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 84
District File Number
Date Filed 8-4-44

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 Duane Ewing

Licensed Embalmer No. 3847

P.O. Address Sedalia 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.