

S. No. 2
M-5-12
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27718

FILED SEP 10 1944

Registration District No. 28

Primary Registration District No. 5466

Registrar's No. 706

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield Rural, S. Campbell Twp.
(c) Name of hospital or institution: Route 3, S. Campbell Street Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether)
In this community 20 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield Rural, S. Campbell Twp.
(If outside city or town limits, write "RURAL")
(d) Route 3, South Campbell Street Road
(If rural, give location)
(e) Citizen of foreign country? No
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas William Baty

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased April 13, 1924
(Month) (Day) (Year)

8. AGE: Years 20 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Monte B. Baty
13. Birthplace Christian County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nora A. Garrison
15. Birthplace Christian County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Silver

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 9-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 9-1-44 (b) D. W. Standley
(Date received local registrar) (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 1944
year 1944 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from July 11
1944 to Aug 30 1944

that I last saw him alive on Aug 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia - chr
Duration 2 Mo

Due to Chr. Glomerular Nephritis 15 yr.

Due to (Scarlet fever)

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 J. P. Mackey (M.D. or other) _____

Address Springfield, Mo Date signed 9-1-44

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

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

Harlow Knabbe

Licensed Embalmer No. *4065*

P. O. Address *Springfield, 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.