

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

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

3. (a) PRINT FULL NAME DORA ELVARA LIM BAUGH

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 Married

6. (b) Name of husband or wife J. N. Limbaugh

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 15 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>0</u>	<u>24</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Bridges

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

14. Maiden name Nancy Ewen

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

16. (a) Informant J. A. Christner

(b) Address _____

17. (a) Burial (b) Date thereof Feb. 14, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape County Memorial

18. (e) Signature of funeral director Glenn S. Probst

(b) Address Advance Missouri

19. (a) 3/2/45 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Oran 100
(If outside city or town limits, write "RURAL")

(d) Street No. 4
(If rural, give location)

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

If yes, name country N

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1945 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 1944 to 2/9 1945
that I last saw her alive on 2/5 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis ?

Duration ?

Due to U

Due to U

Other conditions Diabetes melitus ?
(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. A. Christner (M. D. or other) _____
Address Oran Mo. Date signed 2/17/45

District File Number 345-4
Date Filed 3/8/14

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 Lloyd S Morgan, Registered Apprentice No. _____, working under my personal supervision.

Signed Lloyd S. Morgan
Licensed Embalmer No. _____
P. O. Address Advance 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.