

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAILED JUL 13 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19777

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(c) Name of hospital or institution St. Vincent
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 8 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Badger

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

4. Sex 7-1 5. Color or race W- 6. (a) Single, widowed, married 2 divorced
6. (b) Name of husband or wife Harold Badger 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased Sept. 24-1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Martin Barr

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

14. Maiden name Mary Moore

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

16. (a) Informant Ernest Badger

(b) Address 700 7th St. Monett

17. (a) Burial (b) Date thereof June 23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2006 Cemetery

18. (a) Signature of funeral director E. H. Velauskas

(b) Address Monett Mo.

19. (a) June 23-45 (b) Audra Wiloughby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence
(c) City or town Pierce City (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1945 hour 8 minute 17 P. M.

21. I hereby certify that I attended the deceased from May 25, 1945, to June 8, 1945,
that I last saw him alive on June 8, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis 1 day

Due to hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy

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? ✓ Means of injury None

23. Signature Frank M. Wiloughby (M. D. or other)

Address Monett Mo. Date signed 6/23/45

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

RECEIVED

District Health Officer No. 6;

District File Number 745-774

Date Filed JUL 11 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 R. H. Blankenship

Licensed Embalmer No. 2297

P. O. Address Monett, 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.