

FILED AUG 20 1945

Registration District No. 372

Primary Registration District No. 4-2-4-36263

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Sunley Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 28 years, months or days

3. (a) PRINT FULL NAME Sophia C Baty

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 Married
6. (b) Name of husband or wife Wiley G. Baty 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 5 1870
(Month) (Day) (Year)

8. AGE: 74 Years 10 Months 20 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business

12. Name Sampson Richardson
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Elizavelte McNealey
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Wiley G. Baty
(b) Address Seymour Mo
17. (a) Burial (b) Date thereof June 27 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Star-Cline

18. (a) Signature of funeral director Kelley Ferrell
(b) Address Seymour Mo
19. (a) July 13 (b) G. Gilbert Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Webster
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi North East Seymour
(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 25
year 1945 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from June 24 1945 to June 24 1945;
that I last saw her alive on June 24 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Cervix Duration 1 yr
Due to metastasis
Due to hemorrhage

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy 4-6

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 D. J. Kree (M. D. or other) DO
Address _____ Date signed 6/25/45

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

RECEIVED

District Health Officer No. 6,

District File Number 245-868

Date Filed AUG 13 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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.