

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12145**

FILED MAY 21 1946

Registration District No. **27**

Primary Registration District No. **3005**

Registrar's No. **44**

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **Butler**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Butler Memorial Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Bates**
(c) City or town **Butler**
(If outside city or town limits, write "RURAL")
(d) Street No. **109 S. Lyon St.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Sidney August Baugher**

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **August 19 1894**
(Month) (Day) (Year)

8. AGE: Years **51** Months **7** Days **25** If less than one day hr. min.

9. Birthplace **Rich Hill, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

12. Name **Walter G. Baugher**

13. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Ida Lee Masters**

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

16. (a) Informant **Clee Baugher**

(b) Address **Butler Mo.**

17. (a) **Burial** (b) Date thereof **April 15/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakhill Cem.**

18. (a) Signature of funeral director **Culver-Underwood**

(b) Address **Butler Mo.**

19. (a) **4-18-46** (b) **Kindell Kersey**
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13**
year **1946** hour **8** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Apr 10th** to **Apr 13th 1946**
that I last saw him alive on **Apr 13** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
**Epitumoral Carcinoma
of both lungs**

Due to **as diagnosed by
Dr. J. H. Moore**

Other conditions **Heart Symptoms**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **1946**

Of autopsy **478**

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) Means of injury **2nd**

23. Signature **L. D. Lester** (M. D. or other)
Address **Butler, Mo** Date signed **4-16-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11054

JUL 18 1946

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.....

John G. Underwood

Licensed Embalmer No. **3585**

P. O. Address **Butler 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.