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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17176

FILED JUN 10 1946

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 56

16057
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Marionville
(c) Name of hospital or institution Hazelton Rest Home
(d) Length of stay: In hospital or institution 2 months
In this community 34 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Breene
(c) City or town Springfield
(d) Street No. 1865 Boonville
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Mary Virginia Baichtal
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 30
year 1946 hour 12:10 minute P. M.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Elias L. Baichtal
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 9 1860

21. I hereby certify that I attended the deceased from April 15 1946 to May 30 1946
that I last saw her alive on May 20 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Atherosclerosis, generalized

8. AGE: Years 85 Months 10 Days 21

Duration Not known

9. Birthplace Adel Iowa
10. Usual occupation Housewife

Other conditions Chronic Myocarditis
Major findings: Of operations none
Of autopsy none

11. Industry or business
12. Name Charlie Bilderback
13. Birthplace Iblino's
14. Maiden name Sarah Jane Smith
15. Birthplace Belle Center Ohio

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs. Affa Robinson
(b) Address Springfield, Mo.
17. (a) Burial (b) Date thereof 6-2-46
(c) Place: burial or cremation Springfield, Mo.
18. (a) Signature of funeral director J. B. Bradford
(b) Address Marionville, Mo.
19. (a) June 4-46 (b) O. W. McMath
(Date received local registrar) (Registrar's signature)

23. Signature Kenneth L. Kellogg M.D.
Address Aurora, Mo. Date signed 5/31/46

RECEIVED

District Health Officer No. 6,
District File Number 646-630

Date Filed JUN 7 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.....

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address. Aurora 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.