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27010

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3523**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1006 Barfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 46 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K.C. (If outside city or town limits, write "RURAL")
(d) Street No. 1006 Barfield (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alice Henderson Baston
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 13 year 1946 hour 3 minute 05 P. M.
21. I hereby certify that I attended the deceased from 2-19 to 8-13 1946
and that I last saw her alive on 8-13-46 and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color of race Col 6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife Braxton W. Baston 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Sep. 22 1890
(Month) (Day) (Year)

Immediate cause of death: Tuberculosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 13 1/2

8. AGE: Years Months Days If less than one day
55 56 10 21 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Louis Henderson

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

14. Maiden name Laura Williams

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

16. (a) Informant Braxton W. Baston

(b) Address 1006 Barfield

17. (a) Burial (b) Date thereof 8-16-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Adkins Bury

18. (a) Signature of funeral director 2000 E. 12th K.C. Mo.

(b) Address _____
19. (a) 8-15-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. F. Padon (M. D. or other) MO
Address 207 Lincoln Blvd Date signed 8-18-46

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

25852

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 A. T. Moore.....

Licensed Embalmer No. 948.....

P. O. Address.....

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.