

DEPARTMENT OF COMMERCE
FILED OCT 17 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32614

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 13

1. PLACE OF DEATH:

(a) County ANDRAIN
(b) City or town VANDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 401 E. Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3475
years, months or days

3. (a) PRINT
FULL NAME

JOAN BAH
3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race white 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 July 18 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 2 7 hr. min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name WILLIAM FRAY BAH

13. Birthplace Andrain Co MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name SALHA J. BRANSTEFER

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

16. (a) Informant Mrs William F. Ball

(b) Address 401 E. Washington Vandalia Mo

17. (a) BURIAL (b) Date thereof Sept 26 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA CEMETERY

18. (a) Signature of funeral director H. S. Waters

(b) Address Vandalia, Missouri

19. (a) Sept 26 1946 (b) Mallice Fugua
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDRAIN 4
(c) City or town VANDALIA 2
(If outside city or town limits, write "RURAL")
(d) Street No. 401 E Washington 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 Sept day 25
year 1946 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept 23 1946, to Sept 25 1946, that I last saw her alive on Sept 25 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 6 hrs.

Due to Carcinoma of Lung 3 mo.

Due to Carcinoma of Left Kidney 1 yr.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 52A

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? _____

While at work? _____ (Specify type of place) (c) Means of injury D

23. Signature R. K. Marshall (M. D. or other) DO

Address Vandalia Date signed Sept 26

OCT 17 1946

RECEIVED
District Health Officer No. 10
District File Number 10-46-1862
Date Filed -- OCT 14 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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Dandale 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.