THE STATE BOARD OF HEALTH OF MISSOURI DEPARTMENT-OF COMMERCE BUREAU OF THE CENSUS T 71949TANDARD CFRT Primary Registration District No. Registration District No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: (a) County... Audrain Missouri Audrain Mexico (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: 1-102-West-Mansfield (If outside city or town limits, write "RURAL") (d) Street No. 1102 W. Mansfield (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution..... (Specify whether (e) Citizen of foreign country?..... In this community..... If yes, name country, years, months or days) MEDICAL CERTIFICATION 3. (a) PRINT Geneva Irene Baysinger 3. (c) Social Security 3. (b) If veteran. 21. I hereby certify that I attended the deceased from 6. (a) Single, widowed, married, Single and that death occurred on the date and hour stated above. 6. (b) Name of husband or wife... 6. (c) Age of husband or wife if 7. Birth date of deceased.... December 1925 (Month) Months If less than one day Days 16 Green County (City, town, or county) 10. Usual occupation... (Include pregnancy within 3 months of death) PHYSICIAN 11. Industry or business..... Major findings: 12. Name Raymond Louis Baysinger. Of operations..... Underline Missouri U 13. Birthplace St. Louid. the cause to which death 14. Maiden name Millaredintann Hartie (greign country) should be charged sta-15. Birthplace Cole County 16. (a) Informant Raymond Louis Baysinger (b) Address 1102 W. Mansfield Mexico, Mo. 24 194 (City or town) (County) (State)
About home, op farm, in industrial place, in public place? (c) Place: burial or cremation. 18. (a) Signature of funeral director. Jack S
(b) Address Mexico, Missouri (Specify type of place) (c) Means of injury (M. D. or other). (Registrar's signature)

RECEIVED OFFICER NO.

Olatrica via Numeri 104 1946

Olatrica via Numeri 104 1946

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the revers	se side of this certificate was embalmed by me, or by
Earl E. Precht	n star i Assurate No.

working under my personal supervision.

Signed Tall 5 Cracks

Licensed Embelmer No. 3189

Licensed Embalmer No. 3189

P.O. Address Mexico, Missouti

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

## DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS Registration District No..

## THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH Primary Registration District No. 50 37 L

State File No	
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Registrar's No.	
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(If rural, give location)	
	(Yes or No)
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CERTIFICATION)	_
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and hour stated above.	1
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	PHYSICIAN
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	Underline the cause to
	which death
	should be charged sta-
	tistically.
es, fill in the following:	
pecify)	
(City or town) (County)	(State)
(City or town) (County) e, on farm, in industrial place, in p	ublic place?
wife type of place)	
ecify type of place) (e) Means of injury	
(M. D. or o	ther)

(2) County (If outside sity or town limits, write "RURAL" and ames of township (2) City or town. (If outside sity or town limits, write "RURAL")  (3) City or town county (If outside sity or town limits, write "RURAL")  (4) Name of hypital or institution. (Specify whether a county)  (5) City or town. (If outside sity or town limits, write "RURAL")  (6) Clity or town. (If outside sity or town limits, write "RURAL")  (7) Clity or town. (If outside sity or town limits, write "RURAL")  (8) Street No. (If rurse, give location)  (9) Citizen of foreign country?. (Yes If yes, name country)  (1) If well and or disy)  (1) If well and or disy)  (1) If well and or disy)  (2) Citizen of foreign country?. (Yes If yes, name country)  (3) Street No. (If rurse, give location)  (4) Street No. (If rurse, give location)  (5) City or town. (If outside sity or town limits, write "RURAL")  (6) City or town. (If outside sity or town limits, write "RURAL")  (6) City or town. (If outside sity or town limits, write "RURAL")  (7) If yes, name country?  (8) If well and or disy;  (9) DATE OF DEATH: Attended the greatest from minute.  21. I hereby certify that intended the greatest from minute.  22. I hereby certify that intended the greatest from minute.  23. AGE: Years Months Day Years of country. (Name of society)  (8) AGE: Years Months Day Years of country. (Name of society)  (9) Birthplace (City, town, or country)  (10) Usual cocupation. (If rurse, give location)  (11) Industry or Death in the following: (Industry or Death of death)  (12) Figure of industry or Death of City town, or country)  (13) City town, or country (Industry or Death of City town, or country)  (14) Address. (City, town, or country)  (15) Address. (City, town, or country)  (16) Call in formant. (Industry or Death of the following: (Industry or Death of cocurrence, (Industry or Specify type of place)  (15) Clust received local resistant. (In Death of cocurrence, (In an or City type of place)  (15) Clust received local resistant. (In Death of City town, (Industry or Dea	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
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(d) Length of stay: In hospital or institution.  (e) Length of stay: In hospital or institution.  (f) Length of stay: In hospital or institution.  (g) Scool stay: In hospital or institution.  (g) Citizen of foreign country?  (g) DATE OF PAATH:  (honth  (g) Mean of husband or wife.  (g) DATE OF PAATH:  (honth  (h	(b) City or town Claraf Jalt Clarer W. b.		
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(c) Citizen of foreign country?  If yes, name		(If rural, give location)	
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