

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 17 1946
STANDARD CERTIFICATE OF DEATH

State File No. 32619

Registration District No. 10

Primary Registration District No. 5037

Registrar's No. 126

1. PLACE OF DEATH:

(a) County. Audrain
(b) City or town. Mexico Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of place or institution: 1102 West Mansfield 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Geneva Irene Baysinger

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

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 December 6, 1925
(Month) (Day) (Year)

8. AGE: Years 20 Months 9 Days 16
If less than one day hr. min.

9. Birthplace Green County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Raymond Louis Baysinger

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Ann Hartley

15. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Louis Baysinger

(b) Address 1102 W. Mansfield, Mexico, Mo.

17. (a) burial (b) Date thereof 9 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Paul S. Baysinger

(b) Address Mexico, Missouri

19. (a) 9/34/46 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Audrain 4
(c) City or town. Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 1102 W. Mansfield
(If rural, give location) NO
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22nd
year 1946 hour 4:30 minute 0 M.

21. I hereby certify that I attended the deceased from

Coroner's Case
that I last saw him alive on 19 to 19
and that death occurred on the date and hour stated above.

Immediate cause of death A fractured neck
And the cutting of the blood
vessels in the right side

Due to of the neck. Apparently, while riding
in an auto driven by James R. Baysinger

Due to of the neck. Apparently, while riding
in an auto driven by James R. Baysinger

Other conditions Both cars were traveling North
(Include pregnancy within 3 months of death)

Highway #54

Major findings:
Of operations

Of autopsy fractured neck vertebrae
Cut blood vessels in right side

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 4

(b) Date of occurrence Sept 22-1946

(c) Where did injury occur? Highway #54 S of Mexico Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
1/2 mile South of Mexico Highway #54

While at work? No (Specify type of place) (e) Means of injury Auto wrecked

23. Signature S. C. Adams (M. D. or other) 3

Address Mexico, Mo. Date signed 9-22-46

RECEIVED
District Health Officer No.
District File Number 10-46-18
Date Filed OCT 14 1948

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Missouri

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.

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

State File No.

Registration District No. 10Primary Registration District No. 50372

Registrar's No.

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rural Salt River Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mile south of Mexico Highway 54
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT
FULL NAMEGeneva D. Bausinger3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex 7 5. Color or race W 6. (a) Single, widowed, married,
divorced S6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Dec 6
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
20 hr. min. 209. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year _____
hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____
to _____, 19____that I last saw him _____ above on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

32619