U. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32737

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1130

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 mos 26 days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Buchanan
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 7 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Ollie Baugh
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Fred
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: 10 (Month) 9 (Day) 1882 (Year)
8. AGE: Years 63 Months 11 Days 24 If less than one day hr. min.
9. Birthplace: U.S.A. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At home
12. Name (Father): Jacob Alexander
13. Birthplace (Father): Mo. (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Rebecca Lafferty
15. Birthplace (Mother): Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Sheriff
(b) Address: St Joseph Mo
17. (a) Disposal: Burial (Burial, cremation, or removal) (b) Date thereof: 10-3-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Unionville Mo.
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: Box Farago St. Joseph, Mo
19. (a) Oct. 9, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3 year 1946 hour 3:30 minute a M.
21. I hereby certify that I attended the deceased from Aug 25, 1946 to Oct 3, 1946 that I last saw him alive on 10/2/46, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	Several yrs
Due to: Arteriosclerosis	Several yrs
Due to: Age	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93D	
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: C. E. Toney (M.D. or other)
Address: State Hospital #2 St. Joseph, Mo. Date signed: 10/3/1946

(Licensed Embalmer's Statement on Reverse Side)

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.....Elbert C. Harrington.....

Licensed Embalmer No.....3258 Missouri.....

P. O. Address.....St. Joseph, 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.