

No. 2
12-45
5-17-39

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5397

State File No. _____

FILED MAR 10 1947

Registration District No. 177

Primary Registration District No. 3040

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
211 Herriford Street 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

In this community 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Gilbert Baylor

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th
year 1947 hour 8 minute _____ P.M.

4. Sex Male 2 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased May 22 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 17
to Feb 20 1947

that I last saw him alive on Feb. 19 1947
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>8</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death Acute myocardial infarction with congestive heart failure unknown

Due to unknown

9. Birthplace Pleasant Green Missouri
(City, town, or county) (State or foreign country)

Due to _____

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

10. Usual occupation Laborer

11. Industry or business _____

Major findings:
Of operations 92A

Of autopsy _____

Underline the cause to which death should be charged statistically.

12. Name Larry Baylor

13. Birthplace Pleasant Green Missouri
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant Walter Baylor

(b) Address 211 Herriford-Chillicothe, Mo

17. (a) Burial (b) Date thereof 2-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Colored Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Feb-23/47 (b) Frances B. Neill
(Date received local registrar) (Registrar's signature)

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

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

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 Emerson (M. D. or other) _____

Address Chillicothe Mo Date signed 2-21-47

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

MOTHER FATHER

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Edwin J. Norman

Licensed Embalmer No. 4036

P. O. Address. Chillicothe, 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.