

FILED APR 17 1947

Registration District No. 106

Primary Registration District No. 3018-390

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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 Betty June Barred

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

4. Sex F / 5. Color or race W
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 March 6 1947
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 11
If less than one day hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name James W. Barred
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Easter Quick
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin L. Spencer
(b) Address Rt. 1, Salem, Missouri
17. (a) Burial (b) Date thereof 3/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Edwin, Missouri

18. (a) Signature of funeral director Edwin L. Spencer
(b) Address Salem, Missouri
19. (a) 2-6-47 (b) W. H. Hart, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1947 hour 10:55 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 3-6-47 19 to 3-11-47 19
that I last saw her alive on alive on 3-8-47 19
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Pneumonia 3 days

Due to _____
Other conditions Premature
(Include pregnancy within 3 months of death) 7 1/2 mos.

Major findings: Of operations _____
Of autopsy 157
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 plane) While at work? _____
(Specify type of plane) Means of injury _____
23. Signature M. M. Hart (M. D. or other) M.D.
Address Salem Mo. Date signed 3/20/47

RECEIVED

District Health Officer No. 3

District File Number 447208

Date Filed 4-15-47

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

Wm. W. McRae

Licensed Embalmer No.

3806

P. O. Address

Salem, 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.

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

State File No.

mar

Registration District No. 100

Primary Registration District No. 3018

Registrar's No.

11

1. PLACE OF DEATH:

- (a) County Deer
(b) City or town Rural Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 NAMEBetty June Baines

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

F

5. Color or

race W

6. (a) Single, widowed, married,

divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive.

7. Birth date of deceased

March 6 1924

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

6

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

MO

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) (Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 3-16-47
(Date received local registrar)(b) M. H. Hunt M.D.
(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 March 17
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive 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?

(Specify type of place)

While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

12998

11/20/11