

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27184
Registrar's No. 17

Registration District No. 97

Primary Registration District No. 5330

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Rural Orange
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Near Huzzal mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

3. (a) PRINT FULL NAME James Baye
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex: Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: August 16 1856
(Month) (Day) (Year)

8. AGE: Years 90 Months 11 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace: Washington Co. Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name James Baye
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Lily Gibson 1
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Gibson 1
(b) Address Huzzal mo.

17. (a) Burial (b) Date thereof: 7-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near Huzzal mo

18. (a) Signature of funeral director Mrs. Luther Sparks
(b) Address Potosi Mo.

19. (a) Aug. 11, 1947 (b) Elsie Hanson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford 28
(c) City or town Rural Orange 9
(If outside city or town limits, write "RURAL")
(d) Street No. Near Huzzal mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1947 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 15 1947, to April 15 1947
that I last saw him alive on Apr. 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Chloroform Myocarditis

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 statistically.

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

(c) 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 _____ (Specify type of place) (c) Means of injury _____

23. Signature Joseph L. Purman (M. D. or other) _____
Address Potosi Mo. Date signed 8-6-47

RECEIVED

District Head

No. 5.

District File Number

84-7456

Date Filed

8-30-47

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

Murphy L Sparks

Licensed Embalmer No.....

4236

P. O. Address.....

Latimer 910

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.