

No. 2
12-45
-17-39
X47070

FILED JAN 7 1948

Registration District No. **277**

Primary Registration District No. **5992**

Registrar's No. **117**

1. PLACE OF DEATH:

(a) County **Putnam**

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

(c) Name of hospital or institution: **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Putnam**

(c) City or town **Rural Lincoln**
(If outside city or town limits, write "RURAL")

(d) Street No. **Lincoln Town**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **James Hobert Baughen**

(b) If veteran, name war **No**

(c) Social Security No. **480-32422**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **17th** year **1947** hour **1:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **X**

_____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____;

and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color or _____

6. (a) Single, widowed, married **Single**

6. (b) Name of husband or wife **X**

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

7. Birth date of deceased **10-10-1896**
(Month) (Day) (Year)

Immediate cause of death **Endocarditis specified as Chronic**

Due to **two years**

Due to _____

8. AGE: Years **51** Months **2** Days **07** If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) **92 1/2**

Major findings: **view of history from past yrs.**

Of autopsy _____

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

10. Usual occupation **farm hand**

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? _____

MOTHER FATHER

11. Industry or business _____

12. Name **James Baughen**

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

14. Maiden name **Mary Humphreys**

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Hilma Mckello**

(b) Address **Centerville, Iowa**

17. (a) _____ (b) Date thereof **12-20-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shogee, Iowa**

18. (a) Signature of funeral director **Harold Soni**

(b) Address **Unionville, Iowa**

19. (a) **1-3-48** (b) **Marvell S. Ma**
(Date received local registrar) (Registrar's signature)

23. Signature **Chas. Fowler, Coroner**

Address **Unionville, Mo.** Date signed **17**

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

RECEIVED
District Health Officer No. 10
District File Number 14838
Date Filed JAN - 6 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed A. O. Husted
Licensed Embalmer No. 2975
P. O. Address Unionville, N.C.

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.