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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12412
1367

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
4419 Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Misouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4419 Benton 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country X

3. (a) PRINT FULL NAME ROBINSON C BAUGHMAN

3. (b) If veteran, name war no

3. (c) Social Security No. 495 03 3370

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Katie Baughman

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May (Month) 19 (Day) 1877 (Year)

8. AGE: Years 70 Months 10 Days ~~8~~ 9 If less than one day ..... hr. ..... min.

9. Birthplace Platte County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Brickmason

11. Industry or business X

FATHER
12. Name Newtington Baughman
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary MacDonald
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katie Baughman
(b) Address 4419 Benton K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 30, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Barry, Missouri

18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 3-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1948 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Jan, 1948, to Mar. 28, 1948
that I last saw him alive on Mar. 25, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	3 days
Due to arterio-sclerotic kidney disease	6 mo
Due to arterio-sclerotic heart disease	6 mo
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131a	
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 L. H. Steffen (M. D. or other)
Address 1103 Grand Ave Date signed 3-29-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. F. L. Steffen
Professional Bldg.
Vi 8180

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 Chas E Wilks

Licensed Embalmer No. 2644

P. O. Address K.C. 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.