FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

STANDARD CERTIFICATE OF DEATH

State File No. 20066

Registration District No. 184 — Primary Registration District No. 4299 — Registrar's No. 49

1. PLACE OF DEATH:
(a) County LINN
(b) City or town Bucklin (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 48 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn
(c) City or town Bucklin (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

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3. (a) PRINT FULL NAME Dexter L. Baugher
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 Married
6. (b) Name of husband or wife Mary Baugher
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased Aug. (Month) 30 (Day) (Year)

8. AGE: Years 88 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Baker Twp. Linn Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Albert H. Baugher
13. Birthplace Rockingham Co. Va. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Julia Bailey
15. Birthplace — Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Loren Baugher
(b) Address Bucklin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove
18. (a) Signature of funeral director Larson Funeral Service
(b) Address Bucklin Mo.
19. (a) June 9, 1948 (Date received local registrar) (b) W. L. Erwin (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7, year 1948 hour 4 minutes 30 A.M.

21. I hereby certify that I attended the deceased from June 15 / 34 to June 7, 1948, that I last saw him alive on June 4, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death ~~Cerebral Hemorrhage~~ Chronic Myocarditis
Due to Pernicious Anemia
Due to Arterio-sclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 D. C. Grear (M.D. or other) D.C.
Address Bucklin, Mo. Date signed 6/9/48.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bunker, 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.