FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 7 1948

Fuerth
Registration District No. 53

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35833

Primary Registration District No. 3010

Registrar's No. 371

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

1. PLACE OF DEATH:

(a) County: Cape Girardeau

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

(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scott 100

(c) City or town: Sikeston 5
(If outside city or town limits, write "RURAL")

(d) Street No. 515 Wilson 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: Ella Katherine Lile Baugher

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: M /

6. (b) Name of husband or wife: Clinton Baugher

6. (c) Age of husband or wife if alive: 35 years

7. Birth date of deceased: 11 (Month) 18 (Day) 1918 (Year)

8. AGE:

Years	Months	Days	If less than one day
29	11	17	hr. min.

9. Birthplace: Morley (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: George Lile
13. Birthplace: Unknown (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name: Eva L. Harris
15. Birthplace: Unknown (City, town, or county) Ill. / (State or foreign country)

16. (a) Informant: Helen Jones
(b) Address: 132 Murray Lane Sikeston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston, Mo.

18. (a) Signature of funeral director: H. W. Albritton
(b) Address: Sikeston, Mo.

19. (a) 11-29-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 14

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 5
year 1948 hour 5 minute 45 p. M.

21. I hereby certify that I attended the deceased from 11-3, 1948, to 11-5, 1948
that I last saw her alive on 11-5, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ruptured Uterus Pyometra	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: As Above	
Of autopsy	

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: A. Smith (M. D. or other) MD
Address: Cape Girardeau Mo Date signed 11/13/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

ECEIVED

ict Health Officer No. 7

ct File Number 1248-15

Date Filed 12-6-48

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 John Allutton

Licensed Embalmer No. 2941

P. O. Address Sikeston 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.