

48-182-41

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JAN 19 1949

## STANDARD CERTIFICATE OF DEATH

42563

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

(a) County New Madrid  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
Hi-way 62 1 mi. East of Baderville  
 (If in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 Months  
 (Specify whether years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
 (c) City or town Rural (Como)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No Hi-way 62 1 mi. East of Baderville  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## 3. (a) PRINT FULL NAME

Richard Homer Baehr

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 Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 8 1948  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
7 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Southeast Mo. Hosp. C. Girardeau  
 (City, town, or county) (State or foreign country)10. Usual occupation Child Missouri

## 11. Industry or business \_\_\_\_\_

12. Name Homer Baehr  
 13. Birthplace Lilbourn Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mildred Heath  
 15. Birthplace Hiram Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Homer Baehr  
 (b) Address Lilbourn Missouri  
 17. (a) Burial (b) Date thereof 12-23-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mounds Park Cemetery

18. (a) Signature of funeral director Lilbourn, Mo.  
 (b) Address 1-14-49  
 19. (a) 1-14-49 (b) Dr. G. H. Husted  
 (Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22  
 year 1948 hour 1 minute A: M.  
 21. I hereby certify that I attended the deceased from 19 Dec  
1948 to 22 Dec 1948  
 that I last saw him alive on 18 Dec 1948  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Pneumonia, Bronchial  
 Duration 10 days

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:

(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? \_\_\_\_\_

While at work? \_\_\_\_\_

(Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Louis Smith (M. D. or other) MD  
 Address New Madrid Date signed Mo

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT OF HEALTH  
DISTRICT HEALTH OFFICE  
CITY HALL, ERIKSTON, N.J.  
Date Filed

RECEIVED

District Health Office No.

District File Number 149

Date Filed 1-12

### 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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.