N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36420
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper — Registration District No. 408

(b) Township Marion — Primary Registration District No. 5562 — Registered No. 187

(c) City Carthage — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ronald Dean Baugh

(a) Residence, No. Route 2 St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3, 1939

7. AGE: YEARS 0 — MONTHS 5 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Missouri 0

FATHER
13. NAME Arthur Baugh 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

MOTHER
15. MAIDEN NAME Ethel Wagner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

17. INFORMANT (ADDRESS) Arthur Baugh Route 2 - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE Oct. 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Knee Mortuary Carthage, Mo.

20. FILED Oct. 2, 1939 E. J. McIntire, M.D. Local Registrar. 865

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1939, to Oct 1, 1939

I last saw him alive on Oct 1, 1939. Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute gastro enteritis	Oct 27
Terminal hypostatic pneumonia	Oct 1

Other contributory causes of importance: Prematurity 119

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H E Byrd, M. D.

(Address) Carthage

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 11394 2339
Date Filed NOV 13 1939

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 P. W. Knell

Licensed Embalmer No. 814

P. O. Address Carthage 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, above space should be left blank.