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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41459

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4852

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

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: Research Hospital /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community 1 Day
years, months or days)

3. (a) PRINT FULLNAME John Baugh

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April 25 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 7 26 hr. min.

9. Birthplace Pleasanton Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor /

11. Industry or business

MOTHER FATHER { 12. Name William Allen Baugh /

13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Hardison

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Florence Wallace

(b) Address 3030 East 32nd St.

17. (a) Removal (b) Date thereof 12/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasanton Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City Missouri

19. (a) 12-22-40 (b) M. H. Crowe
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County

(c) City or town Pleasanton /
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21st day December
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from Dec. 20, 1940, to Dec 21, 1940
that I last saw him alive on Dec 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia 3 days

Due to 1570

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?

361 (Specify type of place) While at work? (e) Means of injury

23. Signature T. A. Wilkerson (M. D. or other) M.D.
Address 1103 Grand Ave Date signed 12/22/40

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.....

Elmer C. Kudelin

Licensed Embalmer No.....

3495

P. O. Address.....

Kansas City, 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.