

FILED MAY 5 1942
Registration District No.

Primary Registration District No. 5408

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Senath, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R-1 Senath - 1st Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... 7 wks -
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO - (b) County HUNKLIN
(c) City or town SE NATH - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 6-MI. SW.
(If rural, give location)
(e) Citizen of foreign country? NO - (Yes or No)
If yes, name country..... U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb - day 21
year 1942 hour 5 minute 10 P. M.
21. I hereby certify that I attended the deceased from Feb 18 1942 to Feb 21 1942
that I last saw her alive on Feb 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Bronchopneumonia
Due to Engulging
Due to.....
Other conditions:
(Include pregnancy within 3 months of death) 330

Duration
3 day
7 day
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME SHARON BAUGUS -

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 1. Color or race W 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: Jan - 3 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 18
hr. min.

9. Birthplace Senath MO -
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business.....

12. Name SAM - BAUGUS

13. Birthplace Senath, MO -
(City, town, or county) (State or foreign country)

14. Maiden name Wilma Acheltz

15. Birthplace Senath MO -
(City, town, or county) (State or foreign country)

16. (a) Informant Jean Baugus -

(b) Address Senath, MO - R-1

17. (a) Burial (b) Date thereof 2/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lulu

18. (a) Signature of funeral director Paula B...

(b) Address Senath, MO -

19. (a) 4-9-42 (b) Raymond Grants
(Date received local registrar) (Registrar's signature)

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 (c) Means of injury
23. Signature Prof. Pr... (M. D. or other) Prof
Address Senath MO Date signed Feb 22

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

RECEIVED

District Health Office No. 2,

District File Number 442-559

Date Filed 4-17-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.