

FILED MAY 23 1942

State File No.

Registration District No. 289

Primary Registration District No. 4173

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Malden City Cotton Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community About 1 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Malden City
(If outside city or town limits, write "RURAL")
(d) Street No. 411 S. Decatur St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mildred Baughman Morris

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th
year 1942 hour 3 minute 00 A.M.
21. I hereby certify that I attended the deceased from Nov 1 1941
to April 26 1942
that I last saw her alive on April 15 and that death occurred on the date and hour stated above.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-14-4907

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife DR. Morris 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased: July 15 1909
(Month) (Day) (Year)

Immediate cause of death: Vegetative endocarditis.
Due to Forusula infection gas egg

Duration

7 yrs

8. AGE: Years Months Days If less than one day
32 9 11 hr. min.

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.

9. Birthplace Duka, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John H. Baughman

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

14. Maiden name Viola M. Reynolds

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

16. (a) Informant D. R. Morris

(b) Address Malden Mo

17. (a) Burial (b) Date thereof May 1 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albright Cemetery

18. (a) Signature of funeral director Landess Jones

(b) Address Campbell Mo.

19. (a) 4-30-42 (b) Dick C. Summers
(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? _____

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

23. Signature Frederick C. Walters (M.D. or other) _____
Address Malden Date signed July 6

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

35
3
1

#P

1115

42

RECEIVED

District Health Office No. 2,

District File Number 542-673

Date Filed 5-20-42

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

Christina M. Landess

Licensed Embalmer No.

4227

P. O. Address

Campbell, 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.