S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40340

Registration District No. 1 — Primary Registration District No. 3006 — Registrar's No. 46

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grim-Smith Hospital & Clinic D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Lancaster, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles M. Baughn

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Ida Maxwell Baughn

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 1 (Month) 18 (Day) 1863 (Year)

8. AGE: Years 82 | Months 9 | Days 17 | If less than one day ___ hr. ___ min.

9. Birthplace Davis County (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name Charles Marion Baughn

13. Birthplace Davis County (City, town, or county) Iowa (State or foreign country)

14. Maiden name Mattie Feagins

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

16. (a) Informant Otis Baughn (son)

(b) Address Lancaster, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 7 45 (Month) (Day) (Year)

(c) Place: burial or cremation Ayr Memorial

18. (a) Signature of funeral director Orrell Fenton

(b) Address Lancaster, Mo.

19. (a) 11-7-45 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

1614

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 1945 hour 12:00 N minute ___ M.

21. I hereby certify that I attended the deceased from Sept. 26, 1945, to Nov. 5, 1945; that I last saw him alive on November 5, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary embolism	5 min.
Due to: Gangrene, all toes	10 da.
Due to: Fracture thru neck of left femur	40 da.
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) Accident

(b) Date of occurrence Sept. 26, 1945

(c) Where did injury occur? Lancaster, Schyler, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home (Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature E B Smith (M. D. or other) MD

Address Kirksville, Missouri Date signed 11/5/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-45-1862
Date Filed DEC 20 1945

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~~ Purcell Fenton, Registered Apprentice No. 3705, working under my personal supervision.

Signed Purcell Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, 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.