

S. No. 2
1-8-43
5-17-39
X37823

FILED JUL 7 1948

Registration District No. _____

Primary Registration District No. 4179

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Senath, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
In this community 18 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 35
(c) City or town Senath, Mo. 4
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Dee Baughn

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Erma Ward Baughn
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Sept. 26, 1890
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Teacher

11. Industry or business _____

MOTHER FATHER { 12. Name Finis Duke Baughn
13. Birthplace Owensboro, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Aptolia Westerfield
15. Birthplace McGann, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Erma Ward Baughn
(b) Address Senath, Missouri

17. (a) Burial (b) Date thereof July 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shelton Cemetery

18. (a) Signature of funeral director W. Daniel Thomas
(b) Address Senath, Mo

19. (a) 7-3-48 (b) Mrs J. N. Larned
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30, year 1948 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 25, 1948 to June 29, 1948 that I last saw him alive on June 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Esophageal Neoplasm
Duration Two Months

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 566
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? _____

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

23. Signature Robert E. Martin MD (M. D. or other)
Address Senath, Missouri Date signed 7-2-48

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

JUL 19 1948

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 W. S. McDaniel

Licensed Embalmer No. 2093

P. O. Address Levath, 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.