

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 15 1949
REGISTRATION DISTRICT No. 1203

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Stangill 42447
State File No. _____
Registrar's No. 2

Primary Registration District No. 5417

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural Senath
(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 _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Franklin
(c) City or town SENATH, Rural
(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 FRANCIS BAKER
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 20, year 1948 hour 1:45 minute _____ P.M.
21. I hereby certify that I attended the deceased from August 25, 1948 to Death, 1948
that I last saw her alive on 12-27, 1948
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race F
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife Ed Dow 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Coronary arteriosclerosis Duration 10 years
Due to Hypertension with
cardiac enlargement.
Due to _____
Other conditions Asthma, emphysema.
(Include pregnancy within 3 months of death)

7. Birth date of deceased December 25, 1857
(Month) (Day) (Year)
8. AGE: Years 88 Months 11 Days 25 If less than one day hr. _____ min. _____

Major findings: 442A
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace SENATH MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Same
12. Name JOHN ROMINE'S
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET DAVIS
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mr Chas B Baker
(b) Address Senath, Mo.
17. (a) Burial (b) Date thereof Dec 21, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cards Cemetery
18. (a) Signature of funeral director W. Daniel
(b) Address Senath Mo.
19. (a) Bertha H. H. Baker (b) Bertha H. H. Baker
(Date received local health certificate) (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 Wayne Stangill (M. D. or other) md
Address Stangill, Mo. Signed 12-27-48

RECEIVED

District Health Office No.

District File Number 249-24

Date Filed 2-14-49

DEC 11 1952

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..... *[Signature]*

Licensed Embalmer No. 446C

P. O. Address Senath, W

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.