

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 3017

Registrar's No. 246

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RAVENS WAYS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ONE MONTH
(Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME CHAS. W. BAYKEY

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

4. Sex MALE 5. Color or WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FLORENCE BAYKEY 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 8 - 20 - 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 22 If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business

12. Name GEORGE BAYKEY

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

14. Maiden name SARAH BAYKEY

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

16. (a) Informant Mrs. Bluff P. Hunt

(b) Address BUNCETON MI.

17. (a) BURIAL (b) Date thereof 9. 14. 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALIFORNIA MO.

18. (a) Signature of funeral director CALBERT HORNBECK

(b) Address PRATILE HOME MO.

19. (a) Sep. 14. 1946 (b) Clay Morris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU
(c) City or town JAMESTOWN MO
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1946 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Aug. 25, 1946 to Sept 12, 1946
that I last saw him alive on Sept 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Influenza + Bronchitis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations. 94A

Of autopsy _____

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?

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

23. Signature A. L. Meredith (M. D. or other) _____
Address Prairie Grove Mo Date signed 9-13-46

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 0-21-46

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Braun, Home 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.