

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18532

State File No. _____

FILE JUN 22 1942
Registration District No. 277

Primary Registration District No. 6776

Registrar's No. 6

1. PLACE OF DEATH:

(a) County MONITEAU
(b) City or town (RURAL) PILOT GROVE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community LIFETIME years, months or days)

3. (a) PRINT FULL NAME VETA LOU BAYNE

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

4. Sex F. 1. Color or race W. 5. Color or race W. 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife CHARLES L. BAYNE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 27 74
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 16 17 hr. min.

9. Birthplace MONITEAU Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business Hom. Co.

12. Name WADE HOWARD

13. Birthplace MONITEAU Mo. D
(City, town, or county) (State or foreign country)

14. Maiden name SODIE SAUSLEY

15. Birthplace MONITEAU Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ed. Brady
(b) Address Latham Mo.

17. (a) Bur. (b) Date thereof 5/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial, or cremation Highland Cemetery

18. (a) Signature of funeral director W. F. Givens
(b) Address Unusual's Wife

19. (a) 5/30/42 (b) Mar. H. J. Sullivan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MONITEAU. D
(c) City or town (RURAL) PILOT GROVE. D
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28th
year 1942 hour _____ minute 8:15 A. M.

21. I hereby certify that I attended the deceased from dead
when first seen 19 _____
that I last saw h. _____ alive on 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging
Due to _____

Due to _____

Other conditions 164 a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence May 28, 1942

(c) Where did injury occur? Pilot Grove Imp. Moniteau Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

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

23. Signature Kenneth Latham (M. D. or other) Kayner

Address California, Mo Date signed 5-29-42

(Licensed Embalmer's Statement on Reverse Side)

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

800

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. F. Kendall

Licensed Embalmer No.

1596

P. O. Address

Granville 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.