DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10621

State File No. 22

Registration District No. 177 Primary Registration District No. 3-2-4-5 4106 Registrar's No. 49

1. PLACE OF DEATH:

(a) County CHARITON

(b) City or town TRIPLETT
(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) 2

(d) Length of stay: In hospital or institution (Specify whether
In this community 62 YEARS
years, months or days) 210

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHARITON

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

(d) Street No. NO STREET ADDRESS
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LUCY ALICE BAKER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ LEWIS MONROE BAKER

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased FEBRUARY (Month) 23 (Day) 1869 (Year)

8. AGE: Years 71 Months Days 29 If less than one day hr. min.

9. Birthplace SULLIVAN (~~City, town~~, or county) INDIANA (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

FATHER
12. Name THOMAS BEDWELL
13. Birthplace SULLIVAN (~~City, town~~, or county) INDIANA (State or foreign country)

MOTHER
14. Maiden name MARY WRIGHT
15. Birthplace SULLIVAN (~~City, town~~, or county) INDIANA (State or foreign country)

16. (a) Informant's own signature Mrs. R. V. McCrary

(b) Address 2519 Monroe Ave Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 24-40 (Month) (Day) (Year)

(c) Place: burial or cremation McCullough - Triplett

18. (a) Signature of funeral director S. S. Seifert

(b) Address Mandon Mo

19. (a) Mar 24-40 (Date received local registrar) (b) R. P. Price (Registrar's signature) 165

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 22
year 1940 hour 8 minute :45 P.M.

21. I hereby certify that I attended the deceased from MARCH 19, 1940, to MARCH 22, 1940;
that I last saw her alive on MARCH 22, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HEMIPLEGIA	20 HOURS
Due to CEREBRAL HEMORRHAGE INVOLVING MEDULLA OBLONGATA	
Due to HYPERTENSION	4 YEARS
Other conditions GENERAL ARTERIOSCLEROSIS (Include pregnancy within 3 months of death) AND AORTIC REGURGITATION	
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)

(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 3

23. Signature Kenneth L Rosencrans (M. D. or other) DO

Address Triplett Mo Date signed 3-23-40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 4-11-40

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 D. L. Lipsard
Licensed Embalmer No. 3970
P. O. Address Meadon 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, above space should be left blank.