

No. 2
13-40
17-39
X23159

Registration District No. 229 Primary Registration District No. 4207 Registrar's No. 6

1. PLACE OF DEATH:
(a) County Harrison county
(b) City or town Mt. Moriah
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community all her life (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Martha J. Baker

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

4. Sex female 5. Color white 6. (a) Single, widow married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 24, 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Missouri
(City, town, or county) housewife (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Yarlett

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

14. Maiden name Craig

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

16. (a) Informant Arthur Baker

(b) Address Mt. Moriah, Mo.

17. (a) Burial (b) Date thereof Nov. 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goshen

18. (a) Signature of funeral director Joe Mrs

(b) Address _____
19. (a) Nov. 14, 1940 (b) Mrs C. J. Sellers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Harrison
(c) City or town Mt Moriah
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 12 day _____
year 1940 hour 2 PM minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 5
1940, to Nov. 12, 1940;
that I last saw her alive on Nov. 11, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 11/6/40

Due to Arteriosclerosis

Due to _____

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

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? 307

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

23. Signature C. J. Sellers (M. D. or other) _____
Address Mt. Moriah, Mo Date signed 11/14/40

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

MOTHER FATHER

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Noel Swartz
Licensed Embalmer No. 2639
P. O. Address Quinton, Ill.

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.