

RECORDED MAR 25 1941 265

Registration District No. _____

Primary Registration District No. 6143

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural
(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 3 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 107
(c) City or town Rural 0
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Georgia Etta Baker

8. (b) If veteran, name war _____ 8. (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 Joseph Curtis Baker 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept 0 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Marshall Co. / Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George McClain
13. Birthplace Kansas / Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Hattie Devoo
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Baker
(b) Address Cabool Mo.

17. (a) Burial (b) Date thereof Feb 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabool Mo.

18. (a) Signature of funeral director Gaylord V. Elliot
(b) Address Cabool Mo.

19. (a) Feb 18 1941 (b) Mrs. L. McMillian
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1941 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan - 1940 to Feb 1941
that I last saw her alive on Feb - 10 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Hypertrophy
Due to Arteriosclerosis
Hypertension
Due to file
Other conditions (include pregnancy within 3 months of death) file

Duration

PHYSICIAN

Major findings: _____
Of operations _____
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? _____

23. Signature E. R. Farrell (M. D. of other) 0
Address Cabool Mo Date signed 2-16-41

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

RECEIVED
District File No. 5,
District File Number 341361
Date Filed _____

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 Gaylord V. Elliott
Licensed Embalmer No. 2252
P. O. Address Cabot 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.