

No. 2
1-4-41
17-39

X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35349

FILED NOV 10 1941

Registration District No. 465

Primary Registration District No. 4278

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Waverly, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nil
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Lefortime _____ (Month) _____ (Year)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Waverly, Mo. 054
(If outside city or town limits, write "RURAL")

(d) Street No. Nil (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nannie E. Baker

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 41 hour 1 minute 30 A.M.

4. Sex Female 5. Color or race col

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

(b) Name of husband or wife Alia Baker

(c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 12 1941 to Oct 19 1941
that I last saw her alive on Oct 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia

Duration _____

8. AGE: Years 76 Months 7 Days 18 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation Housewife

Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business Housekeeper

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name John Burns

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Rose Burns

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rosella Jones

(b) Address Waverly Mo

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

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

(b) Date of occurrence _____

17. (a) Funeral (b) Date thereof 10-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly Mo Cem

(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? _____

18. (a) Signature of funeral director Breck + Son

(b) Address Leamington Mo

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

19. (a) Oct 20-41 (b) Clayton Landrum
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M.D. or other) DD.
Address Waverly Date signed 10-31-41

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-17-11

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..... *William H. Hunsley*

Licensed Embalmer No. *3105*

P. O. Address *Lexington, 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.