

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38687**

5-17-39
I X26390

DEC 16 1941
Registration District No. **471**

Primary Registration District No. **5634**

Registrar's No. **41**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Monett**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
925 6th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**
(c) City or town **Monett**
(If outside city or town limits, write "RURAL")
(d) Street No. **925 6th. St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **18**
year **41** hour **5** minute **P** M.

21. I hereby certify that I attended the deceased from
8/10 19**41** to **11/18** 19**41**;
that I last saw **her** alive on **11/18** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchitis Pneumonia** ✓
Duration **7 days**

Due to.....
Due to.....

Other conditions
(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?

While at work? (Specify type of place) (M. D. or other)
Means of injury **0**
23. Signature **Frank R. Newland**
Address **Monett Mo.** Date signed **11/18/41**

3. (a) PRINT FULL NAME **Carol Sue Baker**

3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **July 12, 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 6 hr. min.

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

10. Usual occupation **At Home**

11. Industry or business.....

12. Name **Curtis Orvle Baker**

13. Birthplace **Purdy, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ethel Eagle**

15. Birthplace **Monett, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C. O. Baker**

(b) Address **925 6th. St., Monett, Mo.**

17. (a) **Burial** (b) Date thereof **11-20-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **I. O. O. F. Cemetery**

18. (a) Signature of funeral director **Callaway**

(b) Address **Monett Mo**

19. (a) **12-6-41** (b) **E. B. Wright**
(Date received local registrar) (Registrar's signature)

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

33
00

RECEIVED

District Health Officer No. 6,

District File Number 1241-1844

Date Filed DEC 11 1941

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.....

J. W. Buchanan

....., Registered Apprentice No.....

working under my personal supervision.

Signed *J. W. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monett, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38687

Registration District No. 431

Primary Registration District No. 5634

Registrar's No.

1. PLACE OF DEATH:

- (a) County Lawrence
- (b) City or town Manett
(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)
- (d) Length of stay: In hospital or institution.....
(Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME

Carol A. Baker

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex F.

5. Color or
race W.

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased.....

July 12, 1941
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

(If less than one day

min.

9. Birthplace.....

(City, town, or county)

(State or foreign country)

10. Usual occupation.....

11. Industry of business.....

MOTHER FATHER

12. Name.....

13. Birthplace.....

(City, town, or county)

(State or foreign country)

14. Maiden name.....

15. Birthplace.....

(City, town, or county)

(State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a).....

(Burial, cremation, or removal)

(b) Date thereof.....

(Month) (Day) (Year)

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a).....

(Date received local registrar)

(b).....

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... (b) County.....
- (c) City or town.....
(If outside city or town limits, write "RURAL")
- (d) Street No.....
(If rural, give location)
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If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day.....
year..... hour..... minute..... M.

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that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

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

Major findings:

Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline
the cause to
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tistically.

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

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- (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) Manner of injury

23. Signature Frank R. [Signature] (M. D. or other)
Address Manett Mo Date signed 1/9/41

SUPPLEMENTAL

TEMPORARY 18

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

5-38687