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228390

DEC 15 1941

State File No. \_\_\_\_\_

Registration District No. 592

Primary Registration District No. 4350

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Montgomery

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

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

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

In this community 10 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SALLIE BAKER CRAIG

MEDICAL CERTIFICATION

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

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

20. DATE OF DEATH: Month Nov day 9  
year 1941 hour 2 minutes 50 M.

4. Sex Female 5. Color or race white

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

21. I hereby certify that I attended the deceased from Nov 2nd 1941 to Nov 9th 1941; that I last saw h. or alive on Nov. 8th 1941; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Lon C Craig

6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased March 9 1859  
(Month) (Day) (Year)

Immediate cause of death Rt Cerebral Hemorrhage with left Hemiplegia Duration 12 days

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>0</u>	hr. _____ min. _____

Due to Generalized Arteriosclerosis years

Due to senility

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

Major findings: Of operations 97

Of autopsy \_\_\_\_\_

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

12. Name Sylvester Marion Baker

13. Birthplace Montgomery Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Anna Stiles

15. Birthplace Montgomery Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Anna Baker

(b) Address Danville Mo

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

(c) Place: burial or cremation New Florence Cemetery

18. (a) Signature of funeral director J. A. Taylor

(b) Address Montgomery City Mo

19. (a) Nov. 10 '41 (b) Paula Wierfeger  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

(c) Place: burial or cremation \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury stroke

23. Signature E. J. T. Anderson, M.D. (M. D. or other) M.D.  
Address 24 Montgomery City Mo Date signed 11/10/41

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

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**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

*Joseph A. Marlon*

Licensed Embalmer No. *3658*

P. O. Address. *Montgomery Co.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**