

FILED MAY 14 1942

Primary Registration District No. 2002

Registrar's No. 175

49
2
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2131 Nashville Ave;
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
(If outside city or town limits, write "RURAL")
 (d) Street No. 2131 Nashville Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country No

3. (a) PRINT FULL NAME Ethel Christina Baker

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

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

6. (b) Name of husband or wife Clarence E. Baker 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Dec. 25, 1905.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>4</u>	<u>22</u> hr. min.

9. Birthplace Columbus Kansas.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name George Mosier.

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

14. Maiden name Mae Maxton

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

16. (a) Informant Clarence E. Baker

(b) Address 2131 Nashville Ave Joplin Mo.

17. (a) removal (b) Date thereof 4-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Messer Kansas, Cemetery;

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo.

19. (a) 4-28-42 (b) Gertrude Sudhalter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27, 1942;
 year..... hour 3-25 P.M. minute..... M.

21. I hereby certify that I attended the deceased from July 1942 to April 1942
 that I last saw h. ee alive on Jan 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Parasitoma of Cervix 1 1/2 yrs.

Due to

Due to

Other conditions 480
(Include pregnancy within 3 months of death)

Major findings: None
 Of operations

Of autopsy none

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? no (specify type of place) (e) Means of injury MD

23. Signature Dr. P. A. ... (M. D. or other) MD

Address Joplin, Mo Date signed 5-1-42

Duration
 Physician
 Underline the cause to which death should be charged statistically.

42-4-426

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 *Perry J. Hulsh*

Licensed Embalmer No. 209

P. O. Address *Spplu Nee*

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.