

Registration District No. **678**

Primary Registration District No. **4404**

Registrar's No. **111**

1. PLACE OF DEATH:

(a) County **Phelps co**
(b) City or town **St James mo**
(c) Name of hospital or institution: **1**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Amy K Baker**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **9**

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

7. Birth date of deceased **3-18-1870**
(Month) (Day) (Year)

8. AGE: 72 Years 2 Months 20 Days If less than one day hr. min.

9. Birthplace **Madison co Ind**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **H. H. Massey**

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

14. Maiden name **Emphema Livingston**

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

16. (a) Informant **O R Massey**

(b) Address **Maxeod mo**

17. (a) **Removal** (b) Date thereof **6-9-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Long Branch Cem**

18. (a) Signature of funeral director **Phelps Fun Home**

(b) Address **Maxeod mo**

19. (a) **6-10-42** (b) **Charles D. Gibson**
(Date received local registrar) (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)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6-8** day _____
year **1942** hour **5:00** minute **0** M.

21. I hereby certify that I attended the deceased from **June**, 1942 to **June 8**, 1942
that I last saw him alive on **June 7**, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Mellitus** Duration **3 yrs**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature **William H. Souder** (M. D. or other) _____

Address **St James mo** Date signed **6-7-42**

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

81
3
0

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

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 W. E. Licklider

Licensed Embalmer No. 1970

P. O. Address St James mo

No. _____
_____ BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with
the _____ of license.)
_____ space should be left blank.

STANDARD CERTIFICATE OF DEATH

State File No. 18708

Registration District No. 678

Primary Registration District No. 4404

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps

(c) City or town St James
(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 Amy H Baker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Mar. 18, 1877
(Month) (Day) (Year)

Immediate cause of death _____

Due to _____

Due to _____

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

8. AGE: Years 72 Months 2 Days 10 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

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) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6-23-1942 (b) Chancie Dickson
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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) _____ (e) Means of injury _____

23. Signature Brewer (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

