

Registration District No. 45

Primary Registration District No. 5149

1. PLACE OF DEATH
 (a) County Cadwell
 (b) City or town Rural, Remo typ
 (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 58-11-4 years, months or days

3. (a) PRINT FULL NAME Lenna Lutricha Baker
 3. (b) If veteran, name war X
 3. (c) Social Security No. X

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced dm
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 25 1883
 (Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 4
 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____
 12. Name Samuel Bowen
 13. Birthplace unknown _____ (City, town, or county) _____ (State or foreign country)
 14. Maiden name Euphemia Beckley
 15. Birthplace Ohio _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant C. L. Baker
 (b) Address Hottelton mo

17. (a) Burial (b) Date thereof July 30 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director T. M. Beck
 (b) Address Breckenridge mo.

19. (a) Jul 30-42 (b) Deia Jane Henry
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cadwell
 (c) City or town Rural
 (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.? no years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th
 year 1942 hour 2 minute 48 P.M.
 21. I hereby certify that I attended the deceased from July 10th
 _____, 1942, to July 28th, 1942
 that I last saw her alive on July 25, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endo Carditis
 Due to influenza

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

Major findings:
 Of operations _____
 Of autopsy _____

Duration 18 days
 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) (e) Means of injury _____

23. Signature A. R. Volsey (M. D. or other)
 Address Brentwood mo Date signed Aug 1st 42

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

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.....

T. M. Beck

Registered Apprentice No.

working under my personal supervision.

Signed.....

T. M. Beck

Licensed Embalmer No.

1570

P. O. Address.....

Breckinridge

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.