

FILED OCT 13 1942

Registration District No. 270

Primary Registration District No. 43995-1-0

Registrar's No. 62

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

**1. PLACE OF DEATH:**  
 (a) County Pemiscot  
 (b) City or town Caruthersville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location).  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 25 Years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Pemiscot  
 (c) City or town Caruthersville, Mo. Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rural Route 1  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Esther Lee 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 Married

6. (b) Name of husband or wife Carl Baker 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased October 22, 1894  
(Month) (Day) (Year)

**8. AGE:** Years 47 Months 10 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House-wife

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

**MOTHER FATHER** 12. Name Whit Culp

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

14. Maiden name Ada Alley

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

16. (a) Informant Mr. Carl Baker

(b) Address Caruthersville, Mo., R. R. 1

17. (a) Burial (b) Date thereof 9/3/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blytheville, Ark.

18. (a) Signature of funeral director H. S. Smith

(b) Address Caruthersville, Mo.

19. (a) 9-3-1942 (b) Jessie N. Markel  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September Day 2nd,  
 year 1942 hour 11:50 minute 1 A. M.

21. I hereby certify that I attended the deceased from JULY 7, 1942 to SEPT. 2, 1942  
 that I last saw him alive on SEPT. 1, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY TUBERCULOSIS Duration 5 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. Signatur P. J. Owens (M. D. or other) \_\_\_\_\_

Address CARUTHERSVILLE, MO. Date signed 9-3-42

10-42-14

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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, OK

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*James A. Osburn*

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.