

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34987

Registration District No. 323

Primary Registration District No. 2074

Registrar's No.

1. PLACE OF DEATH:

(a) County. Scott
(b) City or town. Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sikeston General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 day
(Specify whether
In this community. 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. New Madrid
(c) City or town. Sikeston RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19
year 1942 hour 8 minute 30:P. M.

21. I hereby certify that I attended the deceased from 8-19-42 to 8-19-42
that I last saw her alive on 8-19-42
and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxia and Premature
Decomposition of Mother
Due to _____
Due to _____

Duration
7 hours

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

Major findings:
Of operations. no
Of autopsy. no

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

3. (a) PRINT FULL NAME Marjorie 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. Single

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

7. Birth date of deceased. Aug. 19 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 1 hr. min.

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

10. Usual occupation. Infant

11. Industry or business _____

12. Name. Loyd Baker

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

14. Maiden name. Arlene Johnson

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

16. (a) Informant. Louise Baker

(b) Address. Sikeston, Mo.

17. (a) Burial (b) Date thereof. 8-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. McMullin, Mo.

18. (a) Signature of funeral director. John Albritton

(b) Address. Sikeston, Mo.

19. (a) 11/5/42 (b) Louise Largent
(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) no
(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 M. G. Anderson (M. D. or other)
Address Sikeston, Mo. Date signed 9-1-42

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

100
5
2

131

RECEIVED

District Health Office No. 2,

District File Number 1142-1441

Date Filed 11-12-42

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.....

Body Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2941

P. O. Address Sibuta, 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.