S. No. 2
1—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 21 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2901

State File No.

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 53

71
1
0

1. PLACE OF DEATH:

(a) County MORGAN.
(b) City or town VERSAILLES.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 36 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI, (b) County MORGAN, 71
(c) City or town VERSAILLES. 0
(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 0

3. (a) PRINT FULL NAME LUCY ELLEN BAKER.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.
5. Color or race W. 1
6. (a) Single, widowed, married, divorced MARRIED. 1
6. (b) Name of husband or wife NICHOLAS P. BAKER
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased 5 (Month) 24 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
69,	7,	23.	hr. min.

9. Birthplace STOKES CO. (City, town, or county) NO. CAR. 1 (State or foreign country)
10. Usual occupation HOUSEWIFE.
11. Industry or business HOME.
FATHER
12. Name Wm. S. HART.
13. Birthplace UNKNOWN. (City, town, or county) NO. CAR. 1 (State or foreign country)
MOTHER
14. Maiden name LUCINDA BARNES.
15. Birthplace UNKNOWN. (City, town, or county) NO. CAR. 1 (State or foreign country)
16. (a) Informant Myrtle Carter
(b) Address Salisbury Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/30/42. (Month) (Day) (Year)
(c) Place: burial or cremation Versailles Cem'ty.
18. (a) Signature of funeral director W. F. Cadwell
(b) Address Versailles Mo
19. (a) 12-29-42 (Date received local registrar) (b) Roy Bukstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 28th.
year 1942 hour 9. minute P. M.
21. I hereby certify that I attended the deceased from Apr 24, 1942 to Dec 28, 1942
that I last saw her alive on Apr 24, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of liver	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

124 P1

Major findings: Of operation Biopsy of liver revealed cirrhosis Oct 3-42
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature A J Gunn (M. D. or other)
Address Versailles Mo Date signed 12-28-42

1029

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1409
Date Filed 1-12-43

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 [signature]

Licensed Embalmer No. 1596

P. O. Address Versailles Me

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.