

S. No. 2
M-9441
5-17-54
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 6 1943/84

Registration District No. 498

Primary Registration District No. 5885

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Bucklin (Rural)

(c) Name of hospital or institution: Bucklin Hosp.

(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 62 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn

(c) City or town Bucklin (Rural) R.P.D. 10

(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 EVA ENE BAKER

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

4. Sex FM 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife WILLIAM IRVING BAKER 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept 18 1873

8. AGE: Years 69 Months 6 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Chariton Co. Mo.

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name John C. Schreckfus

13. Birthplace Union Va.

14. Maiden name Susan Brewer

15. Birthplace Union Mo.

16. (a) Informant Wm Baker

(b) Address Bucklin Mo.

17. (a) Burial (b) Date thereof April 19 1943

(c) Place: burial or cremation Switzer Chapel

18. (a) Signature of funeral director Wayne W. Cowan

(b) Address Bucklin Mo.

19. (a) April 18 1943 (b) Wayne W. Cowan

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2/13 1941 to 4/17 1943 that I last saw her alive on 4/16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Miliary tuberculosis of lungs

Due to Tuberculosis of base of tip of lung standing

Other conditions 13 1/2

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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) _____ (c) Means of injury _____

23. Signature A. G. Lucas (M. D. or other) _____ Address Bucklin, Mo. Date signed 4/18/43

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

58
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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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. A. Larson*

Licensed Embalmer No. *4037*

P. O. Address..... *Bucklin, 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.