

**FILED JUL 12 1943**

Registration District No. **87**

Primary Registration District No. **3017**

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

**1. PLACE OF DEATH:**

(a) County **COOPER**  
(b) City or town **LAMINE**  
(If outside city or town limits, write "RURAL" and name of township)  
(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.....  
In this community **23 YEARS** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **COOPER**  
(c) City or town **LAMINE**  
(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 **MRS SARAH R. BAKER**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **A.C. BAKER** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **JUNE 26 1892**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **11** Days **15** If less than one day hr. min.

9. Birthplace **SALINE COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **HOME**

MOTHER FATHER { 12. Name **GILFORD D. POWERS**  
13. Birthplace **CASS COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)  
14. Maiden name **JUDITH ANN CUNNINGHAM**  
15. Birthplace **SALINE COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **A.C. BAKER**  
(b) Address **LAMINE, MISSOURI**

17. (a) **BURIAL** (b) Date thereof **JUNE 12, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OLD LAMINE CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**  
(b) Address **BOONVILLE, MO.**

19. (a) **June-11-43** (b) **Dr. Chas. Swap**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **10**  
year **1943** hour **7:30** minute **A** M.

21. I hereby certify that I attended the deceased from **June 7** 19**43** to **June 10** 19**43**  
that I last saw her alive on **June 10** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebro. spinal meningitis (Epidemic)**

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death) **6**

Major findings: Of operations **no**  
Of autopsy **meningitis**

Duration  
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) Means of injury

23. Signature **JC Beckett, MD** (or Dr. other)  
Address **Boonville Mo** Date signed **6-11-43**

1084

RECEIVED

District Health Officer No. 8

District File Number .....

Date Filed

7-9-45

NOV 7 1945

OCT 7 1945

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

*James W. Stegner*

Licensed Embalmer No. 3780

P.O. Address Boonville, 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.