

JUL 9 1943

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home - 1206 E. Baker
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

Cynthia A. Baker

3. (b) If veteran, name war

None

3. (c) Social Security No.

None

4. Sex Female 5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 18 1864
(Month) (Day) (Year)

8. AGE:

Years 78 Months 9 Days 26

If less than one day
hr. min.

9. Birthplace

Ohio
(City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation

Homekeeper

11. Industry or business

12. Name Martin Frost

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

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Wiley Baker

(b) Address Nevada Missouri

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 6-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen O. Day

(b) Address Nevada Missouri

19. (a) 6-15-43 (Date received local registrar) (b) Byrl B. Bewick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1206 E. Baker
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1943 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 13 1943
to June 13 1943
that I last saw her alive on June 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy ?
Chronic Myocarditis
Due to.....

Due to.....
Other conditions (Include pregnancy within 3 months of death)
None

Major findings: Of operations None
Of autopsy None

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) (b) Means of injury.....
23. Signature Wm. H. Allen
Address Nevada Mo Date signed 6/17/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District File Number 6-43-671
Date Filed 7-8-43

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 Mack A. Braswell

Licensed Embalmer No. 2529

P. O. Address Nevada 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.