

LED OCT 7 1943

Registration District No. **277**

Primary Registration District No. **5764**

1. PLACE OF DEATH:

(a) County **Callaway**
(b) City or town **5 1/2 Miles West of Fulton,**
(c) Name of hospital or institution: **Fulton**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Lifetime**
In this community **Lifetime**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway**
(c) City or town **Fulton, Missouri**
(d) Street No. **R.F.D.#4**
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **LOU ANN BAKER**

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

4. Sex **F** 5. Color or race **W**
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 **April 20 1857**
(Month) (Day) (Year)

8. AGE: Years **85** Months **4** Days **24**
If less than one day hr. min.

9. Birthplace **5 1/2 Mi. W. of Fulton Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business

12. Name **John Baker**
13. Birthplace **Ky.**

14. Maiden name **Elizabeth Sampson**
15. Birthplace **Ky.**

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

16. (a) Informant **R. Baker**
(b) Address **Fulton, Mo.**

17. (a) Burial (b) Date thereof **9/16/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **White Cloud Cem.**

18. (a) Signature of funeral director **Geo. S. Wallace**
(b) Address **10 W 6th St. Fulton, Mo.**

19. (a) **9-16-1943** (b) **Joan Moravich**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **14**
year **1943** hour **5** minute **15 P. M.**

21. I hereby certify that I attended the deceased from **7/19/43** 19... to **9/14** 19...
that I last saw him **alive** on **9/14** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** + 3 months

Due to **arteriosclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death)

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?
(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 **Henry Dent** (M. D. or other) **MD.**

Address **Fulton, Mo.** Date signed **9/15/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

400

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, ~~one~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Albert E. White*.....

Licensed Embalmer No..... *4168*.....

P. O. Address..... *Pullman, 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.