

S. No. 2
DM-2-43
v. 5-17-39
P. 1 x 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31555

State File No. _____

SEP 17 1943
Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(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 1 (Specify whether
In this community _____ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Kennett, Mo - 035
(If outside city or town limits, write "RURAL")
(d) Street No. 105 W. 5th St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Lou 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 W

6. (b) Name of husband or wife James C. Baker 6. (c) Age of husband or wife if alive dead years _____

7. Birth date of deceased Nov. 27 - 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Dunklin - Co - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation home

11. Industry or business home

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Baker

(b) Address Kennett - Mo

17. (a) Burial (b) Date thereof 8-2-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Paul Salmon

(b) Address Kennett - Mo

19. (a) 8/27/43 (b) John Blankenship
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
year 1943 hour 6:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 21, 1943 to August 1, 1943
that I last saw her alive on July 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension.

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 83a!

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) (e) Means of injury _____

23. Signature H. L. Wilson (M. D. or other)

Address Kennett, Mo. Date signed 8-1-43

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

35
22
22

3

RECEIVED

District Health Office No. 2,

District File Number 943-1159

Date Filed 9-13-43

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 J. P. Ahnesen

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.