

FILED JAN 12 1943

3002

Registrar's No. 173

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Rual
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1, Molino
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT Sophonria Baker
FULL NAME

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
year 1943 hour 1:25 minute A M.

3. (b) If veteran, name war None

3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from November 28, 1943 to December 20, 1943;
that I last saw HER alive on November 20, 1943;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife J.B. Baker

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

7. Birth date of deceased August 10, 1861
(Month) (Day) (Year)

Immediate cause of death Bronchial pneumonia

8. AGE: Years 82 Months 4 Days 11
If less than one day _____ hr. _____ min.

Due to Chronic bronchial asthma

9. Birthplace Ralls County, Missouri
(City, town, or county) (State or foreign country)

Due to 50

Other conditions Carcinoma right breast
(Include pregnancy within 3 months of death) not treated.

10. Usual occupation None

Major findings: No operation
Of operations _____

Of autopsy No autopsy

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name B.L. Graves

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

14. Maiden name Mary Willey

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

16. (a) Informant Homar Baker

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? _____

(b) Address Molino, Mo.

17. (a) Burial (b) Date thereof Dec. 22, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Long Branch Cemetery

18. (a) Signature of funeral director Earl E. Pugh

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature J. F. Harrison (M. D. or other) _____
Address Molino, Mo. Date signed 12-22-43

(b) Address Mexico, Mo.

19. (a) 12/22/43 (b) Margaret Maskie
(Date received local registrar) (Registrar's signature)

1074

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

RECEIVED
District Health Officer No. 10
District File Number 1-44-194
Date Filed JAN 11 1944

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.....
Earl E. Precht....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl E. Precht
Licensed Embalmer No. 3189
P. O. Address Mexico, 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.