DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1976

FILED FEB 8 19[illegible]

Registration District No. [illegible] Primary Registration District No. 5096 Registrar's No. 6

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rural Mt. Pleasant Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at Daughters home!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates.
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Pleasant Gap Twp.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARGARET REBECCA BAKER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female | 5. Color or race white | 6. (a) Single, widowed, married, divorced married.

6. (b) Name of husband or wife W A Baker

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Aug (Month) 31 (Day) 1870 (Year)

8. AGE: Years 73 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace Boone Co (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation House wife.

11. Industry or business

MOTHER FATHER
12. Name James A Griffin
13. Birthplace [illegible] (City, town, or county) [illegible] (State or foreign country)
14. Maiden name Dicie L Shirel
15. Birthplace Va. (City, town, or county) (State or foreign country)

16. (a) Informant Claude Baker
(b) Address Butler Mo. R-F.D.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Daniels Branch:

18. (a) Signature of funeral director Culver's
(b) Address Butler Mo

19. (a) Jan. 19, 1944 (Date received local registrar) (b) Pauline Compton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1944 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from Oct 1, 1943, to Jan 18, 1944
that I last saw her alive on Jan 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Cancer of Pancreas

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) H69

Major findings:
Of operations

Of autopsy

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) (e) Means of injury

23. Signature Jas. A. Griffin Jr. (M. D. or other)
Address Butler, Mo. Date signed Jan 19-44

1556 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING INK

RECEIVED
District Health Office No. 7
District File Number 1-44-1011
Date Filed 2-7-44

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 C. E. Carlson

Licensed Embalmer No. 2576

P. O. Address Butte, Mont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.