

FILED FEB 3 1944
Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Calloway

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

(c) Name of hospital or institution: State Hospital No. 1
(If not in hospital or institution, write street number, or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether _____)

In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

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

(d) Street No. 117 East High
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CHRISTINE BAKER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1944 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from Jan 19
1944 to Jan 26, 1944
that I last saw her alive on Jan 26, 1944
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 married

6. (b) Name of husband or wife Roy Baker

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: _____ (Month) _____ (Day) 1910 (Year)

Immediate cause of death: Bronchial Pneumonia

Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>33</u>			hr. _____ min. _____

Due to _____

Due to _____

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

10. Usual occupation housewife

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

11. Industry or business _____

12. Name Tom Buffington

13. Birthplace OK (State or foreign country) 9

14. Maiden name Jilly Richards

15. Birthplace OK (State or foreign country) 9

16. (a) Informant Records State Hospital No. 1

(b) Address Fulton Mo

17. (a) removed to burial (b) Date thereof: 1-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spire Hill, MO

18. (a) Signature of funeral director Geo. B. Winkelman

(b) Address Salisbury, Mo.

19. (a) 1-28-1944 (b) Joe Moraukloff
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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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 Joe Moraukloff (M. D. or other) Mo

Address Fulton - Mo Date signed 1-29-44

FEB 7 1944

FEB 3 1944
FEB 9 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.....

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

Signed.....

Chas. W. Wilhelmeyer

Licensed Embalmer No. *38424*

P. O. Address. *Salisbury, Md.*

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.