

No. 2  
1-5-43  
5-17-39  
I X36671

FILED APR 20 1944  
Registration District No. 2007

Primary Registration District No. 2007

Registrar's No. 97

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
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7  
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1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Poplar Bluff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler  
(c) City or town Rural Neelyville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 miles East of Neelyville  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LENA BAKER

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Wid  
6. (b) Name of husband or wife Henry C. Baker 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased Sept 16, 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 6 5 hr. \_\_\_\_\_ min.

9. Birthplace Bellevue Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name West Brooks

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

14. Maiden name Anna Thomas

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

16. (a) Informant Henry Baker

(b) Address Neelyville

17. (a) Burial (b) Date thereof Mar 27, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neelyville, Mo.

18. (a) Signature of funeral director McJannet Smith

(b) Address Neelyville

19. (a) 3-25-44 (b) Belle Kimmel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21  
year 1944 hour 6 minute 30 AM

21. I hereby certify that I attended the deceased from 3-20, 1944, to 3-21, 1944;  
that I last saw her alive on 3-21, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) Hof

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 Wm Tenenbaum (M. D. or other)

Address Poplar Bluff, Mo. Date signed 3-22-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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RECEIVED

District Health Office No. 2,

District File Number 444-637

Date Filed 4-12-44

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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

*Bryan McCord*

Licensed Embalmer No. 4979

P. O. Address Waxler, 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.