No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16080

State File No.

Registration District No. 373 Primary Registration District No. 6265 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Webster

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

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

(d) Length of stay: In hospital or institution x (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 112

(a) State Missouri (b) County Webster 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Grant Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Laura Ann Baker

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed 2

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

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

7. Birth date of deceased February - 6 - 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	2	19	x hr. x min.

9. Birthplace Webster County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Charles A. Gibbens
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betty Mullinax
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant John Baker (son)
(b) Address Strafford, Missouri

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4-27-'44 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mt. Pisgah

18. (a) Signature of funeral director Ray Lanning
(b) Address Marshfield Missouri

19. (a) May 2-44 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1944 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from July 8th 1942 to April 25th 1944
that I last saw her alive on April 24th 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	
Due to Old Age (Invalid)	
Due to Pernicious Anemia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

107

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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature E. S. Macauley (M. D. or other) 80
Address Marshfield Mo. Date signed April 29

1344

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 544-539
Date Filed MAY 6 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 Leo Kenney

Licensed Embalmer No. 3312

P. O. Address Marshfield, M

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

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