

FILED JUL 3 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5112

Registrar's No. 45

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Newton Malachi Baker

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alma Cara Baker 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased March 29 1886  
(Month) (Day) (Year)

8. AGE: Years 58 Months 14 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bollinger Co. MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Emilia Baker  
13. Birthplace Bollinger Co. MO.  
(City, town, or county) (State or foreign country)  
14. Maiden name Emilia Walker  
15. Birthplace Perry Co. MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Alma C. Baker  
(b) Address Marble Hill, MO.  
17. (a) Burial (b) Date thereof Apr. 15, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Baker Cem. Lutesville

18. (a) Signature of funeral director Baker Funeral Home  
(b) Address Lutesville, MO. J. C. Graham

19. (a) 5/16/44 (b) Mrs. J. C. Graham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th  
year 1944 hour 5:00 minute 25 P.M.

21. I hereby certify that I attended the deceased from March  
30 1944 to April 10 1944  
that I last saw him alive on April 10 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Infarction  
Due to 1. Local Infarction

Due to 2. Myocarditis  
1 involving right  
side of heart  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations ✓  
Of autopsy ✓  
9321

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 J. C. Graham (M. D. or other) Graham  
Address Jackson, MO. Date signed 5-10-44

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

# RECEIVED

District Health Officer No. 4  
District File Number 244-4036  
Date Filed 7-6-44

## 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

*J. E. Graham*

Licensed Embalmer No. 4010

P. O. Address Luttrellville, 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.**