

FILED JUL 7 1944

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 21

1. PLACE OF DEATH:  
(a) County Dunklin  
(b) City or town Malden City  
(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community about 25 yr. (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Dora L. 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 widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 27 - 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ark (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation Homework

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

MOTHER FATHER { 12. Name Baker  
13. Birthplace Ark (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
14. Maiden name Ark  
15. Birthplace Ark (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant Geo. Freeman  
(b) Address Clarkston Mo.

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof June 9 - 44  
(Month) (Day) (Year)  
(c) Place: burial or cremation Grave Hill Ark

18. (a) Signature of funeral director Louder G. Howe  
(b) Address Campbell Mo.

19. (a) 6-10-44 (Date received local registrar) (b) W. Elden (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dunklin  
(c) City or town Malden Mo. 35  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7  
year 1944 hour 9 minute 45 P.M.  
21. I hereby certify that I attended the deceased from May 1st  
1944 to June 7th 1944  
that I last saw her alive on June 7th 1944  
and that death occurred on the date and hour stated above  
Immediate cause of death Encephalitis  
Duration 3 7/8 days

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

Other conditions Arteriosclerosis atherosclerosis  
(Include pregnancy within 3 months of death)

Major findings: ZZA  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature S. B. Mitchell (Specify type of place) \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address Malden (c) Means of injury \_\_\_\_\_  
Date signed 6/8/44

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

RECEIVED

District Health Office No. 2,

District File Number 744-912

Date Filed 7-5-44

JUL 7 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 Christina M. Landers  
Licensed Embalmer No. 4227  
P. O. Address Campbell, 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.