

*Baker*  
22671

FILED JUL 13 1944

State File No. \_\_\_\_\_

Registration District No. 326

Primary Registration District No. 4482

Registrar's No. 30

1. PLACE OF DEATH:  
(a) County Scottaud  
(b) City or town Memphis  
(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)  
(d) Length of stay: In hospital or institution 1  
In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Scottaud  
(c) City or town Memphis Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 99  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country N

3. (a) PRINT FULL NAME Hobart Cleo Muir  
(b) If veteran, name war 2<sup>nd</sup> World War  
(c) Social Security No. 318-16-5571

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 23  
year 1944 hour 12 minute 30 a.m.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Louise Muir 6. (c) Age of husband or wife if alive 24 years  
7. Birth date of deceased May 16 1907  
(Month) (Day) (Year)

Immediate cause of death acute indigestion  
no sign of  
no Dr. attendance  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
37 1 7 hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
118.3

9. Birthplace Scottaud Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_  
12. Name James O. Muir  
13. Birthplace Scottaud Co. Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Minnie Caldwell  
15. Birthplace Henderson Co. Ill  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. James O. Muir  
(b) Address Memphis  
17. (a) Burial (b) Date thereof June 25-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Friendship  
18. (a) Signature of funeral director Wm. T. Baskett  
(b) Address Memphis, Mo  
19. (a) June 29, 1944 (b) Bernie Shelton  
(Date received local registrar) (Registrar's signature)

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 B. Baker coron (M. D. or other) \_\_\_\_\_  
Address Memphis Mo Date signed 6/24/44

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

19  
16

OCT 27 1944

RECEIVED

District Health Officer No. 10

District File Number 7-44-1266

Date Filed JUL 11 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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis, Tenn.

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.