

FILED AUG 24 1944

Registration District No.

Primary Registration District No. 3000

Registrar's No. 203

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1002 South Front
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Shelbyville 0
(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: 1

3. (a) PRINT FULL NAME

Luella Catherine Baker

3. (b) If veteran, name war:

3. (c) Social Security No.

4. Sex female / race White 5. Color or 2 divorced Widowed
6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 1, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 19 hr. min.

9. Birthplace Bramer County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Domestic

12. Name Dr. W. L. Bailey
13. Birthplace DK Iowa
(City, town, or county) (State or foreign country)
14. Maiden name DK
15. Birthplace DK
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J C Hardy
(b) Address Kirksville, Mo
17. (a) Burial (b) Date thereof: 8/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shelbyville, Mo.

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Mo.
19. (a) 8-20-44 (b) Mrs J C Hardy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 20
year 1944 hour 12:30 minute 10 P. M.
21. I hereby certify that I attended the deceased from 1934, 19... to aug, 1944
that I last saw her alive on aug 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Senility
Due to:
Due to:
Other conditions: 1628
(Include pregnancy within 3 months of death)

Major findings: 1628
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:
(c) 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: 1628
23. Signature R O Chisler (M. D. or other) MD
Address Funkville Mo. Date signed:

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

MOTHER FATHER

202
23/44

AUG 24 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 Geo B Easley Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.