

FILED SEP 20 1944
Registration District No. _____

Primary Registration District No. 3043

Registrar's No. 275

1. PLACE OF DEATH: Marion
 (a) County Marion
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Leveering Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 (Specify whether years, months or days)
 In this community 40 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion 64
 (c) City or town Hannibal (If outside city or town limits, write "RURAL")
 (d) Street No. Mt. Olivet Heights
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Florence Louise Baker
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 31
 year 1944 hour 1 minute 10 P. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow
 (b) Name of husband or wife Arthur Baker 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased March 4 1881 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 11 - 19 to Aug 31 1944 that I last saw her alive on Aug 31 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 5 Days 27 If less than one day hr. min.

Immediate cause of death Myocarditis
 Due to Gall bladder disease & hepatitis 129
 Due to _____
 Other conditions: Gallbladder spleen (Include pregnancy within 3 months of death)

9. Birthplace Manchester England (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Major findings: Hepatitis, enlarged spleen, infected B. B. glands of autopsy stones
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Lawrence Brown England
 13. Birthplace England (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth (Unknown)
 15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Baker (son)
 (b) Address Mt. Olivet Heights
 17. (a) Burial (b) Date thereof 09 2 44 (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Olivet

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? _____

18. (a) Signature of funeral director Roy P. Schwetz
 (b) Address 1000 Broadway
 19. (a) 9-5-44 (b) R. W. Connor (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature M. J. [unclear] (M. D. or other)
 Address Hannibal Mo. Date signed 9/4/44

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

64
3
4

1146

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

Jack H. Lyons

Licensed Embalmer No.

4110

P. O. Address

Hannibal, 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.