V. S. No. 2
0M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36501

FILED DEC 13 1945

Registration District No. 2 Primary Registration District No. 4009 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Savannah
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr Nichols Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days (Specify whether years, months or days)
In this community 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Neb (b) County Logan
(c) City or town Stapleton (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

3. (a) PRINT FULL NAME Lillie Bakewell
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 23 (Day) 1880 (Year)
8. AGE: Years 65 Months 8 Days 2 If less than one day hr. min.
9. Birthplace Hawkeye (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Book Keeper
11. Industry or business Post mistress
MOTHER FATHER
12. Name James Bakewell
13. Birthplace Lansing (City, town, or county) Iowa (State or foreign country)
14. Maiden name Josephene Richmond
15. Birthplace Unknown (City, town, or county) Wis (State or foreign country)
16. (a) Informant Mrs Sadie B. Glahn
(b) Address Stapleton Iowa
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 11-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Stapleton Iowa
18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah Mo
19. (a) 11-28-45 (Date received local registrar) (b) Lillian Sparks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1945 hour 12 minute 20 P.M.
21. I hereby certify that I attended the deceased from Nov 2, 1945 to Nov 25, 1945 that I last saw her alive on Nov 25, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	9 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cancer right breast	1 yr

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. E. Ottgen (M. D.)
Address Savannah, Mo Date signed 11/28/45

(Licensed Embalmer's Statement on Reverse Side)

APR. 10 1946

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

FEB 18 1946

JUL 17 1946

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 E. C. Brent

Licensed Embalmer No. 2630

P. O. Address Savannah 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.