S. No. 2
1—8-43
5-17-39
I X37823

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. 40827

FILED JAN 11 1946

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 44

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton
(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 ..... In this community (Specify whether years, months or days) Entire Life

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

3. (a) PRINT FULL NAME JULIA FRANCES BAKER
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sam Baker
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Jan. 19 1869 (Month) (Day) (Year)
8. AGE: Years 76 Months 11 Days 5 If less than one day ..... hr. ..... min.
9. Birthplace Carroll Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business .....
FATHER 12. Name John Rowland
FATHER 13. Birthplace Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Sam Baker
(b) Address Carrollton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.
18. (a) Signature of funeral director Standley Gibson
(b) Address Carrollton Mo.
19. (a) 12/26/45 (Date received local registrar) (b) Mr. Herbert Calvert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1945 hour 8 minute 00 A. M.
21. I hereby certify that I attended the deceased from Dec. 1, 1945, to Dec. 23, 1945 that I last saw her alive on Dec. 23, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insufficiency — Duration ?
Due to: Mental degeneration — probably softening of the brain
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
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 R. Hamilton Hutton (M. D. or other)
Address Carrollton, Mo. Date signed Dec 24, 45

1424 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-10-46

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 Bert W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Me

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.