

FILED JAN 3 1946

Registration District No. 357

Primary Registration District No. 6222

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural - Moundville, Tenn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bronaugh Mo. R. I. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution home  
(Specify whether  
In this community Lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon 168  
(c) City or town Rural - Moundville, Tenn  
(If outside city or town limits, write "RURAL")  
(d) Street No. Bronaugh Mo. R. I. /  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALEX ANDERSON BAKER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex M. / 5. Color or race W. 6. (a) Single, widowed, married, divorced M. /  
6. (b) Name of husband or wife Alice Bogart 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 11, 1871  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation farmer

11. Industry or business Same

12. Name Andrew J. Baker

13. Birthplace Ark. /  
(City, town or county) (State or foreign country)

14. Maiden name Sophia Kelly

15. Birthplace Tenn /  
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Baker

(b) Address Sheldon Mo. R. I. /

17. (a) Rural (b) Date of death Dec 5-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Mo. R. I. /

18. (a) Signature of funeral director G. B. Bennett & Sons

(b) Address Sheldon Mo. R. I. /

19. (a) Dec 6, 1945 (b) Ruth Faith  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3  
year 1945 hour 7 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.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

Major findings: 830

Of operations \_\_\_\_\_

Of autopsy no

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature March E. Eichen (M. E. or other) \_\_\_\_\_

Address Sheldon, Mo. Date signed \_\_\_\_\_

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

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**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 Carroll T. Beeing

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.**