

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10074

State File No. _____

FILED APR 6 1946

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Madison St. Michael

(b) City or town Fredericktown
(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 _____ (Specify whether)

In this community about 2 1/2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison

(c) City or town Fredericktown Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 108 East Main
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eva M. Baker

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14
year 1946 hour 5:15 minute 0 A. M.

21. I hereby certify that I attended the deceased from Feb. 20 - 1946
1946 to Mar 14 1946
and that death occurred on the date and hour stated above.

4. Female 5. Color or race W 6. (a) Single, widowed, married, 2 divorced, widowed

6. (b) Name of husband or wife George B. Baker 6. (c) Age of husband or wife if alive 0 years
June 3 1854
(Month) (Day) (Year)

7. Birth date of deceased _____

That I last saw her alive on Mar. 13 - 9 P.M. 1946
and that death occurred on the date and hour stated above.

Immediate cause of death = Just
gaining natural course graded
Senil decay

Due to Nad. w. fever, Natural
Processes failed.

Due to ending in death

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 91 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Deudie Mehgan
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Babcock

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

14. Maiden name Marian Du Bois

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

16. (a) Informant Geo. G. Baker

(b) Address 108 - E Main St.

17. (a) Burial (b) Date thereof 3-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's memorial (bur)

18. (a) Signature of funeral director W. H. Holt

(b) Address Fredericktown, Mo.

19. (a) 3-15-1946 (b) Therence Nickle
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations nk

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) no

(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? no (Specify type of place) (e) Means of injury 0

23. Signature M. B. Parker (M. D. or other) _____
Address Fredericktown Date signed 3/15-1946

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(Licensed Embalmer's Statement on Reverse Side)

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

8996

RECEIVED

State Health Officer No. 4

Case File Number 446-1898

Date filed 4-5-46

Handwritten signature/initials
1
ORCA

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 John H. Helt
Licensed Embalmer No. 4264
P. O. Address Fredericktown, Md

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.