

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15513

FILED MAY 2 1946
Registration District No. 370

Primary Registration District No. 6255

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Wayne
 (b) City or town Rural Cowan Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
me
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community lifetime years, months or days)

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

4. Sex F **5. Color or race** W
6. (a) Single, widowed, married, divorced Wife
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if**
 alive _____ years
7. Birth date of deceased June 21 1944
 (Month) (Day) (Year)

8. AGE: Years 1 Months 8 Days 0 If less than one day
 hr. _____ min. _____

9. Birthplace Club Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business

12. Name Paul Baker

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

14. Maiden name Pauline

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

16. (a) Informant Paul Baker

(b) Address U.S. Army

17. (a) (Burial, cremation, or removal) Burial **(b) Date thereof** Feb 24 1960
 (Month) (Day) (Year)

(c) Place: burial or cremation Alston, Mo

18. (a) Signature of funeral director Gris & Marshall

(b) Address Quemets, Mo

19. (a) (Date received local registrar) April 6-46 **(b) (Registrar's signature)** Mabel Beasley

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne
 (c) City or town Rural
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
 year 1946 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. alive on 2/22/46, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic influenza
Duration _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John J. Mc... (M. D. or other)

Address Quemets, Mo **Date signed** _____

341

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 *Wallace N. Fitch*.....

Licensed Embalmer No. *3859*.....

P. O. Address *Caplan Bluff 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.