

FILED AUG 1 1946

Registration District No. **362**

Primary Registration District No. **6234**

1. PLACE OF DEATH:

(a) County **Warren**
(b) City or town **Truesdale**
(c) Name of hospital or institution
(d) Length of stay: In hospital or institution **life**
In this community **life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Warren**
(c) City or town **Truesdale**
(d) Street No.
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Kisirah Josephine Baker**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife **Clarence Baker** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **January 22, 1868**

8. AGE: Years **78** Months **5** Days **26** If less than one day hr. min.

9. Birthplace **Warren County Missouri**

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER { 12. Name **Henry A. Lepp**
13. Birthplace **St. Louis Missouri**
14. Maiden name **Lydia Wilson**
15. Birthplace **Penn.**

16. (a) Informant **Mrs. T. W. Cook**

(b) Address **Truesdale, Mo.**

17. (a) **Burial** (b) Date thereof **7-20-46**

(c) Place: burial or cremation **Warrenton, Mo.**

18. (a) Signature of funeral director **F.W. Nieburg & Co.**

(b) Address **Warrenton, Mo.**

19. (a) **July 20, 1946** (b) **Mrs. Gladys Williams**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18** year **1946** hour **6:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **Oct. 1, 1945** to **July 18, 1946**
that I last saw her alive on **July 18, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial degeneration + Cerebral Thrombosis**
Due to **Arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **g3/15**
Of autopsy

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?
(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 **Edward N. MacRae** (M. D. or other) **Do.**
Address **Warrenton, Mo.** Date signed **July 20, 1946**

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 7-30-46

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 John Thiburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.