

No. 2  
1-2-43  
5-17-39  
X35697

FILED SEP 14 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. 4136 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
 (a) County Blount  
 (b) City or town Plattsburg  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 75 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Blount  
 (c) City or town Plattsburg  
 (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 \_\_\_\_\_

3. (a) PRINT FULL NAME CARRIE EMERLEE 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 Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Mar 2 1868  
 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House wife

11. Industry or business own Home

12. Name Eli Crow

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

14. Maiden name Mary Grow

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

16. (a) Informant Charlie Baker

(b) Address Plattsburg Mo

17. (a) Burial (b) Date thereof Aug 26 46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Geo. L. Martin

(b) Address Plattsburg Mo

19. (a) Aug 24 (b) Geo. L. Martin  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug day 24 year 1946 hour \_\_\_\_\_ minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to Aug 24 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 2 mo

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

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

Other conditions Hypertension (Include pregnancy within 3 months of death) 8 mo

Major findings: Of operations None

Of autopsy None

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 W. P. Building (M. D. or other) \_\_\_\_\_  
 Address Plattsburg Mo

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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 Jas L. Martin  
Licensed Embalmer No. 4303  
P. O. Address Plattsburg, 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.