

No. 2
-5-43
17-39
X36671

FILED SEP 10 1946
294

State File No. _____

Registration District No. _____

Primary Registration District No. 3056

Registrar's No. 177

1. PLACE OF DEATH

(a) County Randolph

(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 121 Elizabeth
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 6.5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 121 Elizabeth
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ALICE CAPP BAKER

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th year 1946 hour 3 minutes 30 P.M.

21. I hereby certify that I attended the deceased from Aug 14, 1946, to Aug 21, 1946; that I last saw her alive on Aug 21, 1946; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife George W. Baker

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased October - 6 - 1865
(Month) (Day) (Year)

Immediate cause of death CARDIAC FAILURE

Due to Myocardial infarction

Due to Lobar Pneumonia

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

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>10</u>	<u>20</u>	hr. _____ min. _____

Major findings:
Of operations _____

Of autopsy 108

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Monroe Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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? _____

11. Industry or business _____

12. Name Michel Capp

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

14. Maiden name Margaret Wood

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

16. (a) Informant George Baker

(b) Address 121 Elizabeth Moberly MO.

17. (a) Burial (b) Date thereof Aug - 28 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand Prairie

23. Signature Henry K Baker (M. D. or other) MD

Address 208 1/2 N Fourth Street Date signed Aug 27 1946

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly Missouri

19. (a) Aug 27-46 (b) Beale
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 10
District File Number 9-46-1656
Date Filed SEP 7 1946

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..... *R. M. Cater*.....

Licensed Embalmer No. *4117*.....

P. O. Address *Moherly 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.