. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33036

Registration District No. 70 Primary Registration District No. 4124 Registrar's No. 61

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Kahoka
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland 97

(c) City or town Memphis Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME NELLIE ELIZABETH Baker

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Franklin Baker

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

7. Birth date of deceased Sept (Month) 1st (Day) 1868 (Year)

8. AGE: Years 78 Months 0 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Keeper

11. Industry or business .....

FATHER
12. Name Hiram Draper
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Parr
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs R. E. Hill

(b) Address Gorin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Gorin Cemetery

18. (a) Signature of funeral director Tenth & Bonacorsi

(b) Address Wyaconda Mo

19. (a) 10/1-46 (Date received local registrar) (b) J D Bridges (Registrar's signature)

61

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27th year 1946 hour 11 minute 45 P M.

21. I hereby certify that I attended the deceased from 9-27- 19.. to Ce One Visit 19..; that I last saw her alive on Wheel alone 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Acute pneumonia

Due to Pneumonia F.B.

Due to Pneumonia F.B.

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J R Bridges (M. D. or other)

Address Kahoka Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-1921
Date Filed OCT 16 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 Geo. V. Barkett

Licensed Embalmer No. 1817

P. O. Address Wyaconda, M

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.