

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8070**
Registrar's No. **122**

FILED APR 7 1947
Registration District No. _____

Primary Registration District No. **3007**

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:
814 Taft St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community Lifetime.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. 814 Taft St.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minerva E. Baker

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 13th 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>0</u>	<u>2</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER

12. Name Peter Walker

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

14. Maiden name Ellie Fryer

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

16. (a) Informant James Baker

(b) Address 814 Taft St. Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 3-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Frank Cotrell Chapel

(b) Address 112 Vine St. Poplar Bluff, Mo.

19. (a) 3/27/47 (b) R. Monette
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1947 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 1st, 1946 to Mar 15, 1947

that I last saw her alive on Mar 5, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation

Due to cardiac failure

Due to cardio-vascular renal disease

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

Major findings:
Of operations _____

Of autopsy 131A

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 A. S. Machel (M.D. or other) _____

Address Poplar Bluff, Mo. Date signed _____

MAR 13 1947

RECEIVED
District Health Office No. 2,
District File Number 442-483
Date Filed 4-3-47

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 Lou Clark

Licensed Embalmer No. 4716

P. O. Address Poplar 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.