

FILED APR 11 1947

Registration District No. 119

Primary Registration District No. 4191

Registrar's No. 2

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Gasconade
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(City of Gasconade)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 years (Specify whether
In this community 33 years years, months or days)

3. (a) PRINT FULL NAME CLARA LORETTA 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 Married

6. (b) Name of husband or wife Harrison Baker 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased April 25 1905 (Month) (Day) (Year)

8. AGE: Years 41 Months 10 Days 19 If less than one day hr. min.

9. Birthplace Cooper Hill Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Brown

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

14. Maiden name Catherine Jett

15. Birthplace Cooper Hill Mo (City, town, or county) (State or foreign country)

16. (a) Informant Harrison Baker

(b) Address Gasconade, Missouri

17. (a) Burial (b) Date thereof 3-16-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gasconade Cemetery

18. (a) Signature of funeral director Hugost Schinner

(b) Address Hermann, Mo

19. (a) 3/15/47 (b) H. Hermann (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade 37
(c) City or town Gasconade (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13 year 47 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from 3-7-1947 to 3-13-1947 that I last saw him alive on 3-13-1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage Duration _____

Due to Influenza

Due to _____

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

Major findings: Of operations ggs Of autopsy _____

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 Howard Workman (M. D. or other) _____

Address Hermann Mo Date signed 3-15-47

APR 18 1947

APR 14 1947

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

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.....

Licensed Embalmer No.....3160.....

P. O. Address.....Hermann, 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.