

FILED MAY 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18379

Registration District No. 277

Primary Registration District No. 444

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home
(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)

3. (a) PRINT FULL NAME Laura Roseetta Baker

3. (b) If veteran, name war X 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Robert M. Baker 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased Mar. 9 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 1 If less than one day
hr. min.

9. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Jessie Lambuth
13. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Lambuth
15. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vernon Shaw

(b) Address Bowling Green Mo.

17. (a) Burial (b) Date thereof 5-12-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo.

18. (a) Signature of funeral director Grace Bankhead

(b) Address Bowling Green Mo.

19. (a) 5-10-47 (b) Bill Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town Bowling Green
(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 5 day 10
year 1947 hour 12:15 minute 9 M.

21. I hereby certify that I attended the deceased from 3 to 5/10, 1947
that I last saw him alive on 5/10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coccyx Thrombosis
Due to Chronic Endocarditis 15 yrs

Due to _____

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

Major findings: Of operations _____

Of autopsy 94A

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 2

23. Signature W. H. Shaw (M. D. or other) no.
Address Bowling Green Mo. Date signed 5/10/47

RECEIVED
District Health Officer No. 10
District File Number 547.857
Filed MAY 16 1947

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..... *L. A. Kauf*

Licensed Embalmer No. *3084*

P. O. Address *Bonling Green 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.