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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 14 1947

Registration District No. 290

Primary Registration District No. 5987

Registrar's No. 78

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Rural Union
(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 71 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME Mary Kate Baker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 24 1947 to July 4 1947
that I last saw him alive on July 4 1947
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 Widowed

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

7. Birth date of deceased: 1 31 1876
(Month) (Day) (Year)

Immediate cause of death
Cardiovascular Disease
Arteriosclerosis

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

<u>71</u>	<u>5</u>	<u>3</u>	hr. _____ min. _____
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Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Elizabeth Hazelip

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

16. (a) Informant Mr. Oral Baker

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 7/6/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seaton

18. (a) Signature of funeral director Fred H. Gilbert
Dixon, Missouri

(b) Address _____

19. (a) 7/8/1947 (b) Thelma C. Backhouse
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

11/27/47

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 Kevin Milligan (M. D. or other) _____
Address Dixon, Mo Date signed 7/7/47

(Licensed Embalmer's Statement on Reverse Side)

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.....

working under my personal supervision.

July 4, 1947

....., Registered Apprentice No.....

Signed.....

Fred O. Sellers

Licensed Embalmer No..... 2341.....

P. O. Address..... Dixon, Missouri.....

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.