

FILED NOV 21 1947

Registration District No. 328

Primary Registration District No. 3073

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Chaffee
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
128 Cook Ave 1
(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) 4 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Chaffee
(If outside city or town limits, write "RURAL")
(d) Street No. 128 Cook
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

AMANDA ELIZABETH BAKER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

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

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

Birth date of deceased May 20 - 1879
(Month) (Day) (Year)

8. AGE:

Years 68 Months 4 Days 28 hr _____ min _____

9. Birthplace

Johna Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

Housework

11. Industry or business

MOTHER FATHER

12. Name Caleb Meyer

13. Birthplace no record

14. Maiden name Christine Juman

15. Birthplace no record

16. (a) Informant Mrs. Charly G. Baker

(b) Address Chaffee Mo

17. (a) Burial (b) Date thereof 10-20-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baker Cem. Jutegville Mo

18. (a) Signature of funeral director M. Stahl

(b) Address Chaffee Mo

19. (a) 11/8/47 (b) J.B. MacCready
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 18 day 18 year 1947 hour 12 minute 45 P.

21. I hereby certify that I attended the deceased from Nov. 2 1946 to Oct. 18 1947
that I last saw her live on Oct 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma involving Entire Abdominal viscera
Duration 7

Due to _____

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

Major findings: Same as above
Of operations Abdominal incisions only
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 J.A. Sample (M. D.)
Address Chaffee Mo Date signed 10-20

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

RECEIVED

District Health Office No. 2,

District File Number 1147-1493

Date Filed 11-19-42

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.....

C. J. Loring

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.