No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 16 1947

Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3060

State File No. 42772

Registrar's No. 399

1. PLACE OF DEATH:

(a) County: St Francois

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

(c) Name of hospital or institution: 212 E. Spring (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: 46 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St Francois

(c) City or town: Farmington (If outside city or town limits, write "RURAL")

(d) Street No.: 212 E. Spring (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Willa Cayce Baker

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: Negro

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: 46 years

7. Birth date of deceased: August (Month) 17 (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
46	3	23	hr. min.

9. Birthplace: Farmington (City, town, or county) St Francois (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Benjamin Jones
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Emma Cayce
15. Birthplace: Farmington (City, town, or county) Mo (State or foreign country)

16. (a) Informant: James Baker
(b) Address: Farmington, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Colored Masonic Farmington, Mo.

18. (a) Signature of funeral director: Miller Funeral Home
(b) Address: Farmington, Mo.

19. (a) 12-12-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8 year 1947 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from Nov 1946 to Dec 8, 1947 that I last saw him alive on Dec 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hr
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: no	

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: L. M. Stanfield (M. D. or other) MD

Address: Farmington Mo Date signed: 12/10/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 1247-155

Date Filed 12-15-4

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.