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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 1 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4478

Primary Registration District No. 2000

Registrar's No. 109

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 18 days (Specify whether years, months or days)
In this community: 62 years

2. USUAL RESIDENCE OF DECEASED: 107
(a) State: Missouri (b) County: Texas
(c) City or town: Upton, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mrs. Ora Baker
3. (b) If veteran, name war: no
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: James H. Baker
6. (c) Age of husband or wife if alive: no years
7. Birth date of deceased: 2- 28- 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	11	5	hr. min.

9. Birthplace: Fair Grove (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business: Housewife
MOTHER FATHER
12. Name: Beverly Goodwin 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Ollie Miller
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: John Baker
(b) Address: Higgins, Mo.
17. (a) Hickory Ridge (Burial, cremation, or removal) (b) Date thereof: 2-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hickory Ridge
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield Mo
19. (a) 2-6-48 (Date received local registrar) (b) W E Hundley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 3
year: 1948 hour: 5 minute: 30 P. M.

21. I hereby certify that I attended the deceased from Jan 16, 1948 to Feb 3, 1948 that I last saw her alive on Feb 3, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart failure	2 mo.
Due to: Arteriosclerosis	10 yrs
Due to: Secondary anemia	6 mo.
Due to:	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	1 yr

Major findings:
Of operations:
Of autopsy: None

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: [illegible] (M. D. or other)
Address: 205 St Louis St. Date signed: Feb 5 48
Springfield Mo.

Jefferson City Printing Co. (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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.