

FILED SEP 1 1948

Registration District No. 18

Primary Registration District No. 4310

Registrar's No. 40

1. PLACE OF DEATH:

(a) County: Mason
 (b) City or town: Bever
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME MYRA BAKER

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex: 7 / 1 5. Color or race: w.
 6. (a) Single, widowed, married, divorced: 8 / 0
 6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: Oct - 20 - 1865
 (Month) (Day) (Year)

8. AGE: Years: 82 Months: 10 Days: 4 If less than one day: _____ hr. _____ min.

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

10. Usual occupation: at home

11. Industry or business: _____

12. Name: Francis Marion Baker

13. Birthplace: Linn Co. Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name: Mary Ann McCallum

15. Birthplace: Linn Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant: Terry Baker

(b) Address: 886 Battersmo

17. (a) Burial: _____ (b) Date thereof: Aug 26 - 48
 (Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation: Rose Hill Cemetery

18. (a) Signature of funeral director: Bill Funeral Home

(b) Address: Brookfield Mo

19. (a) Aug. 25 (b) Josephine King
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer) Statement on Reverse Side

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Linn
 (c) City or town: St Catherine
 (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: August day: 24
 year: 1948 hour: 4 min: 25 M.

21. I hereby certify that I attended the deceased from July 1
 _____, 19____, to Aug 24, 19____
 that I last saw the deceased alive on Aug 23, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pericardio-vascular
renal disease
 Duration: zero or more

Due to: _____

Due to: _____

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

Major findings: _____
 Of operations: _____

Of autopsy: B10

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? _____

(e) Means of injury: _____ (Specify type of place)

(f) While at work: _____ (g) Means of injury: _____

23. Signature: J. P. Cronaway (M. D. or other)

Address: Mason MO Date signed: 8/25/48

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

MOTHER FATHER

SEP 10 1948

RECEIVED

District Health Officer No. 10

District File Number 8-08-153

Date Filed AUG 31 1948

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

J. A. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.