S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29390

Registration District No. 114 Primary Registration District No. 486 Registrar's No. 81

1. PLACE OF DEATH:

(a) County FRANKLIN

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

(c) Name of hospital or institution: HOME 434 ELM (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) years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County FRANKLIN

(c) City or town SULLIVAN MO (If outside city or town limits, write "RURAL")

(d) Street No. 434 ELM (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME MARTHA SUSAN BAKER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

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

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

7. Birth date of deceased ARRIL (Month) 1 (Day) 1867 (Year)

8. AGE: Years 81 Months 5 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace FRANKLIN CO. (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name DAVID M. MILLER
13. Birthplace ..... (City, town, or county) IND. (State or foreign country)

MOTHER
14. Maiden name MARGARET BLANTON
15. Birthplace ..... (City, town, or county) MO (State or foreign country)

16. (a) Informant REV R ELMER BAKER

(b) Address 910 N. CEDER LANSING MICH

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 10 48 (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F CEMETERY

18. (a) Signature of funeral director H M Eaton

(b) Address Sullivan, Mo.

19. (a) 9-10-48 (Date received local registrar) (b) C A Prestey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1948 hour 8:05 minute A M.

21. I hereby certify that I attended the deceased from July, 1948, to Sept, 1948; that I last saw her alive on Sept 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Arteriosclerosis	yrs.
Due to Senility	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 97

Of autopsy

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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature J J de la Torre (M. D. or other) MD.

Address Sullivan, Mo Date signed 9/10/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Vital Statistics Officer No. 9,
District File Number
SEP 23 1948
Date Filed

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 Lloyd W. Olson

Licensed Embalmer No. 4344

P. O. Address Box 15 Sullivan 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.