

No. 2
1-5-43
5-17-39
I X36671

FILED NOV 22 1948

State File No. _____

Registration District No. 3086

Primary Registration District No. 6209

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Texas

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community LIFE years, months or days (Specify whether)

3. (a) PRINT FULL NAME MARY PHRONA 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 3

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

7. Birth date of deceased Oct. 13 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>0</u>	<u>16</u>	hr. min.

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

10. Usual occupation House Keeper

11. Industry or business _____

12. Name John Baker

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Pruey Johnson

15. Birthplace Houston Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Farley

(b) Address Houston Mo.

17. (a) Burial (b) Date thereof 11/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston

18. (a) Signature of funeral director Gayford O. Elliott

(b) Address Houston Mo.

19. (a) Nov. 19 48 (b) Myrtle Craig
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Texas

(c) City or town Central Quincy
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1948 hour 1 minute 45 M

21. I hereby certify that I attended the deceased from Nov. 5
1948 to Nov. 6 1948
that I last saw h. or alive on Nov. 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
acute cardiovascular + Respiratory Collapse

Due to Generalized Arteriosclerosis

Due to Primary Carcinoma of Breast
Hypertensive arteriosclerotic
heart disease

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

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 50

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. J. Burns (M. D. or other) MD

Address Gaystay Mo Date signed Nov 9 48

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

MOTHER FATHER

~~Dead File~~
District File Number 11-19-48
1148728
District Health Officer No. 5,
RECEIVED 11-18-48

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..... *Frank E. Wood*

Licensed Embalmer No. *4026*

P. O. Address *Houston, 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.