

Registration District No. 164

Primary Registration District No. 3032

51
22
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Johnson
 (b) City or town Warrensburg
 (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) 1
 (2) Length of stay: In hospital or institution: 1 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson
 (c) City or town Warrensburg
 (If outside city or town limits, write "RURAL")
 (d) Street No. 700 W Market
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME EMMA LEE BAKER
 3. (b) If veteran, name war _____
 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2
 year 1944 hour 12 minute 15 PM
 21. I hereby certify that I attended the deceased from May 5
 1943, to June 2, 1944
 that I last saw h. ex. alive on June 1, 1944
 and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 28 years
 7. Birth date of deceased: 8 - 28 1916
 (Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis Duration 2 weeks
 Due to hypertensive heart disease 3 years
 Due to atherosclerosis

8. AGE: Years Months Days If less than one day
63 6 9 14 hr. min.

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: 93d
 Of operations _____
 Of autopsy _____

9. Birthplace Cheltenham Mo (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name John Haskins
 13. Birthplace Evansville Indiana (City, town, or county) (State or foreign country)
 14. Maiden name Helena Garrett
 15. Birthplace Louisville Kentucky (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs E B Woodward
 (b) Address Warrensburg Mo
 17. (a) Burial Date thereof 6-40-44 (Burial, cremation, or reburial) (Month) (Day) (Year)
 (b) Place: burial or cremation Calhoun Mo
 18. (a) Signature of funeral director Fred Wickman
 (b) Address Calhoun Mo
 19. (a) June 5 1944 (Date received local registrar) (b) Leola Williams (Registrar's signature)

23. Signature [Signature] (M. D. or other)
 Address Warrensburg Mo Date signed 6-2-44

1001

JUN 28 1944

300 Canton
Dameron

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 Freid Wilkerson

Licensed Embalmer No. 5478

P. O. Address Canton 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.