

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34282

State File No. _____

FILED NOV 12 1947

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 230

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

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
106 N. Franklin /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 4 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry 42
 (c) City or town Windsor 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 106 N. Franklin 0
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Eva Jane Baker
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 28
 year 1947 hour 10 minute 30 a m.

4. Sex Fe / 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife James E. Baker
 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased September 27 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 21
1947 to Oct 28 1947
 that I last saw alive on Oct 28
 and that death occurred on the date and hour stated above.
 Immediate cause of death Labour pneumonia Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>1</u>	<u>1</u>	hr. _____ min. _____

Due to _____
 Due to _____

9. Birthplace Benton County Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation At home

Major findings:
 Of operations 108
 Of autopsy _____

MOTHER FATHER {
 11. Industry or business _____
 12. Name Jesse M. Pickerill
 13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Switson
 15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. C. A. Jennings
 (b) Address Windsor, Missouri

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? _____

17. (a) Burial (b) Date thereof 10-31-47
(Burial, cremation, or removal) (Month), (Day) (Year)
 (c) Place: burial or cremation Windsor, Missouri

While at work _____ (Specify type of place)
 (c) Means of injury _____

18. (a) Signature of funeral director Huston Daniels
 (b) Address Windsor, Missouri

23. Signature H. Jennings (M. D. or other) _____
 Address Windsor Date signed 10-29

19. (a) Nov 3-47 (b) R. R. Kesney
(Date received local registrar) (Registrar's signature)

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RECEIVED
District Health Officer No. 7,
District File Number 10-47-1304
Date Filed 11-10-47

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.....

William T. Turner....., Registered Apprentice No. 470
working under my personal supervision.

Signed Eileen H. Heston.....

Licensed Embalmer No. 3391.....

P. O. Address Windsor, Me.....

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.