. No. 300	FLED FEB 5 1949	THE DIVISION OF HE STANDARD CERTIF			ליל לוכיבים			
10.48	,	/	_	State File No	3			
58	BIRTH NO.	REG. DIST. NO. 184	PRIMARY REG. DIST. NO. 3					
. ,	1. PLACE OF DEATH a. COUNTY	•	2. USUAL RESIDENCE (a. STATE M188 ouri	Where deceased lived. If in- b. COUNTY	titution: residence before admission).			
2	b. CITY (If outside corporate limits, write	BURAL and give C. LENGTH OF	MISSOUR1 c. City (If outside corporate limit	Lm	<u> </u>			
	OR -	township) STAY (in this place)	OR TOWN Brookfiel	_	, (diam.)			
8	d. FULL NAME OF (If not in hospital of	or institution, give street address or location)	d. STREET (If reral	, give location)	 -			
RECORD	HOSPITAL OR 314 N.	Monroe St	ADDRESS 314 N.	Monree St	0			
RE	3. NAME OF a. (First) DECEASED	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)			
		aura Edna Baker		DEATH Jan. 19				
PERMANENT	5. SEX / 6. COLOR OR RAC	E 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years of there has birthday) Months	I YEAR IF UNDER IS RES. Days Hours ! Min.			
E.	F / W		Dec.30,1873	75				
IR.W	10a. USUAL OCCUPATION (Give kind of we done during most of working life, even if retire	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or foredge of	12. CITIZEN OF WHAT E				
PE	Housewife Linn Co., Missouri							
◀ .	13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE							
A	Andrew Cassit 15. WAS DECEASED EVER IN U.S. ARME			ron Baker Ature or name	ADDRESS			
MAKE	(Yes, no, or ppknown) (If yes, give war or da	tes of service) None No.	Aaron Baker	Broks k	field, Mo			
1 1	18. CAUSE OF DEATH MEDICAL CERTIFICATION							
INK	Enter only one on the per I. DISEASE OR DIRECTLY LE	ADING TO DEATH*(a)	al embalin		ONSET AND DEATH			
CK 1	*This does not mean ANTECEDENT CAUSES							
AC	the mode of dying, such Morbid conditi	ons, if any, giving DUE TO (b) e cause (a) stating cause last.	there due	<u> </u>	-			
BLA	as heart failure, asthenia, the underlying	cause (a) nating cause last.		200	1			
ا ي	tion which caused death. II. OTHER SIG	DUE TO (c) NIFICANT CONDITIONS			·			
	Conditions contributing to the death but not related to the disease or condition causing death.							
UNFADING	19a. DATE OF OPERA- 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY7			
	TION	2			YES NO '			
	21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)	21c. (CITY, TOWN, OR TOWNSHI	P) (COUNTY)	(STATE)			
NIS	HONICIDE	<u> </u>						
Ď.	21d. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21s. INJURY OCCURRED WHILE AT NOT WHILE	21f. HOW DID INJURY OCCURT		<u> </u>			
,Y.		WORK AT WORK	- 1/8 - 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0 1/0				
write Plainly—using	22. I hereby certify that I attended alive on 19 19		19 40, to the cause	$\frac{7}{4}$, 19 $\frac{4}{4}$, that I law and on the date state	t saw the deceased above.			
L.	23. SIGNATURE	(Degree or title)	23b. ADDRESS	//	23c. DATE SIGNED			
自	John X	Nulm M.D.	Broke	eed; Tho	par 20,1949			
RIT	24a. BURIAL, CREMA- 24b. DATE TION, REMOVAL (Registry)	24c. NAME OF CEMETER	"	ATION (City, town, or con	ity) (State)			
≨	Burial Jan 2	2 1940 Rose Hill (Cemetery Rro	okfield Mo.	DPE 12			
	-/-24- 4/8 REG. V/N	tur B. Crum o	Harald Blake		field, Mo.			
	10171 1 Man		tstement on Reverse Side)					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse s	ide of this ce	rtificate wa	s embalme	ed by m	ie, or b	y	.
		Student E	nbelmer	No			·
working under my personal supervision.	4/		1.		,	^	

Licensed Embalmer No. 3.7108

Student Embalmer 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.