

No. 2  
1-4-41  
17-39  
X28390

State File No. \_\_\_\_\_

**DEAD** MAY 9 1941  
Registration District No. 25

Primary Registration District No. 3009

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:  
St. Francis Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
60yrs. (Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston,  
(If outside city or town limits, write "RURAL") 5  
2

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eunice Jane Baker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife J.W. Baker Sr.

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased Aug. 2 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 8 11 hr. min.

9. Birthplace Blandville, Ky. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Dent Green

13. Birthplace Nashville, Tenn. /  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Duckner

15. Birthplace Nashville, Tenn. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Grover Baker

(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof 4 15 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Sikeston, Mo.

19. (a) 4-17-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13  
year 1941 hour 7 minute 30 AM.

21. I hereby certify that I attended the deceased from 4-10 to 4-13 1941  
that I last saw him alive on 4-13 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
FR. H. FERNER  
Due to HYPOSTATIC PNEUMONIA  
HYPOCARDITIS

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: NO NO  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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) Accident

(b) Date of occurrence 4-10-41

(c) Where did injury occur? Sikeston Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

(Specify type of place) (e) Means of injury Fall

While at work? \_\_\_\_\_

23. Signature [Signature] (M.D. or other) Red  
Address Cape Girardeau Date signed 4/17/41

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

**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..... *H. J. Welch*  
Licensed Embalmer No..... *774*  
P. O. Address..... *Siberton, 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.**