

No. 2
-441
17-39,
X26390

FILED MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14445

State File No.

Registration District No. 288

Primary Registration District No. 5406

Registrar's No.

1. PLACE OF DEATH:

(a) County: Dunklin

(b) City or town: Kennett (Rural)
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo.

(b) County: Dunklin

(c) City or town: Kennett Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Shirley Ann 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: single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Apr. 15, 1941
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			<u>1/2</u> hr. _____ min.

9. Birthplace: Kennett Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name: James L. Baker

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

14. Maiden name: Annie Bush

15. Birthplace: Menn.
(City, town, or county) (State or foreign country)

16. (a) Informant: James L. Baker

(b) Address: Kennett R# 2 Bx 90

17. (a) Burial (b) Date thereof: Mar. 15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wardell

18. (a) Signature of funeral director: Wardell

(b) Address: Kennett Mo. 261

19. (a) 5-15-41 (b) W. H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1941 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 15 to April 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Birth injury to brain

Duration _____

Due to: Prolonged 2nd stage labor

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

Major findings: _____

Of operations: _____

Of autopsy: _____

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) _____

(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: Paul ... (M. D. or other) M.D.

Address: Kennett Mo. Date signed: 4-16-41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____

District File Number 541-58

Date Filed 5/14/49

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.....

Licensed Embalmer No.

P. O. Address.....

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.