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STANDARD CERTIFICATE OF DEATH

14886

State File No.

FILED MAY 10 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 219 S. Cox /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 219 S. Cox 5-
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1941 hour 8 minute 50 A.M.
21. I hereby certify that I attended the deceased from Astoria
to Joplin, Mo. April 26, 1941
that I last saw her alive on April 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Uremia
Due to Cancer of Bladder Primary
Metastasis abdomen
Other conditions
(Include pregnancy within 3 months of death)
5218
Major findings:
Of operations
Of autopsy

Duration
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

3. (a) PRINT FULL NAME Effie May Baker

3. (b) If veteran, name war * * * 3. (c) Social Security No.

4. Sex Fem / 5. Color or race W 6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Earl Baker 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 28, 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Eureka / Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation House duties

11. Industry or business None

12. Name HARRY KELLOGG

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

14. Maiden name LUCINDA COATS

15. Birthplace WARREN Co. / IOWA.
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Baker.
(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 4-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST PARK CEM.

18. (a) Signature of funeral director Sherburne Und. Co.
(b) Address Joplin, Mo.

19. (a) 4-29-41 (b) Ed S. James
(Date received local registrar) (Registrar's signature)

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) (Specify means of injury)
23. Signature of physician (M. D. or other) 10
Address Joplin, Mo. Date signed

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

41-5-425

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.