

No. 2
 1-4-41
 5-17-39
 P1 X26390

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **3784**

FILED FEB 24 1942

Registration District No. **810**

Primary Registration District No. **4488**

Registrar's No. **6**

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

9
1
0

1. PLACE OF DEATH:
 (a) County Scotland
 (b) City or town Memphis, Tenn.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(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.....

3. (a) PRINT FULL NAME EMMA A. 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, widowed
 (b) Name of husband or wife C. L. BAKER 6. (c) Age of husband or wife if alive 11 years
 7. Birth date of deceased MAY 11 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 28 If less than one day
hr. min.

9. Birthplace Scotland County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business.....

MOTHER { 12. Name Fred Eberling
 13. Birthplace Germany
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name not known
 15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Newell Baker
 (b) Address Memphis, Mo.

17. (a) burial (b) Date thereof 1-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memphis Cemetery

18. (a) Signature of funeral director Old Taylor & Sons
 (b) Address Memphis, Mo.

19. (a) 1-27-42 (b) Bernice Wilson
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 9
 year 1942 hour 11 P.M. minute..... M.
 21. I hereby certify that I attended the deceased from Dec 21 1941 to Jan 9 1942
 that I last saw him alive on Jan 9 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12-17-41

Due to Cerebral hypertension and arteriosclerosis
 Due to.....

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

Major findings: Of operations 83 a 1
 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 E. E. Sheffler (M. D. or other) MD
 Address Memphis, Mo. Date signed 1-19-42

RECEIVED

District Health Officer No. 10

District File Number 2-42-273

Date Filed FEB 12 1942

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis

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.