

FILED MAY 16 1942

Registration District No. 6

Primary Registration District No. 0814

Registrar's No. 22

7300C

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Newton - rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Van Buren
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME Mary Louise Baker

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

4. Sex Female 5. Color or race W 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 Nov. 27 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>3</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Newton Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Frank M. Baker

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

14. Maiden name Mrs Margaret Nimsick

15. Birthplace Lawrence Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Baker

(b) Address Went out Mo 0

17. (a) Burial (b) Date thereof 3-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patricks Cem

18. (a) Signature of funeral director Heinrich

(b) Address Pierce City Mo

19. (a) 3-23-42 (b) Lulu Norwood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 78

(c) City or town 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1942 hour 5:20 minute P M.

21. I hereby certify that I attended the deceased from March 21 1942 to Mch 22 1942
that I last saw her alive on Mch 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute suppression of urine
Acute nephritis

Due to Acute Venous Angina - 5 days

Due to _____

Other conditions Pulmonary involvement
(Include pregnancy within 3 months of death) (?)

Major findings: Of operations none

Of autopsy none 3283

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? none
(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 0

23. Signature L. Mason Lyon MD (M. D. or other) 0
Address Pierce City Date signed 3/22/42

Duration 1 1/2 hrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1144

RECEIVED

District Health Officer No. 6,

District File Number 442-608

Date Filed APR 29 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.....

me.....
working under my personal supervision.

Registered Apprentice No.....

Signed *Walter E. Muey*.....

Licensed Embalmer No. 3822.....

P. O. Address Perse City, W. Va......

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.