

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 5 1942

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 834

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

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution. 24 hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LORA ETHEL BAKER

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 1942
year 1942 hour 8 minutes 45 9 M.

21. I hereby certify that I attended the deceased from Nov 18, 1942
to Nov 19, 1942

that I last saw her alive on Nov 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Mesenteric thromboses

4. Sex F 1. Color or race W

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

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

7. Birth date of deceased: July - 4 - 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>4</u>	<u>15</u>	hr. min.

Duration: not known

Due to _____

Due to _____

Other conditions: 18 inches Merc. Therm.
(Include pregnancy within 3 months of death)

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

10. Usual occupation: Housekeeper

11. Industry or business _____

MOTHER FATHER {

12. Name James Baker

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

14. Maiden name Rosa Demmitt

15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant: Lloyd Baker

(b) Address: Buffalo Mo

17. (a) Funeral Home (b) Date thereof: Nov 21 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: New Hosp

18. (a) Signature of funeral director: L. B. Jones

(b) Address: 13 Buffalo Mo

19. (a) 11-20-42 (b) L. W. Handley
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: same

Of operations: 99!!

Of autopsy: _____

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)

Means of injury: _____

23. Signature: L. W. Handley (M. D. or other)

Address: Springfield Mo Date signed: Nov 18, 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 Leonard B Jones
Licensed Embalmer No. 2508
P. O. Address Beffels No.

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.