

FILED JUL 9 1946

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 216

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Gir
(c) Name of hospital or institution: St. Francis Hospital
(d) Length of stay: In hospital or institution 17 hrs.
In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cape Gir
(c) City or town Jackson
(d) Street No. South part of town
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Virginia Francis Baker

3. (b) If veteran, name war. No.

3. (c) Social Security No.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife J.W. Baker

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

7. Birth date of deceased Sept 27 1857

8. AGE: Years 88 Months 8 Days 27 hr. _____ min. _____

9. Birthplace Near Jackson MO

10. Usual occupation Retired, lived with neighbor

11. Industry or business _____

12. Name Robert Campbell

13. Birthplace Jackson MO

14. Maiden name Caroline Prince

15. Birthplace Tenn.

16. (a) Informant Bruce Baker

(b) Address Columbia Mo. R#1

17. (a) Burial (b) Date thereof 6-25-1946

(c) Place: burial or cremation Pyrene Heights

18. (a) Signature of funeral director G. C. Summers

(b) Address Jackson, Mo.

19. (a) 6-25-1946 (b) G. C. Summers

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1946 hour 12:15 minute A.M.

21. I hereby certify that I attended the deceased from June 12 1946, to June 23 1946;
that I last saw her alive on June 23 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation & renal failure

Due to Cardio-renal

Due to Vascular Sclerosis

Other conditions Residuity

Major findings: Of operations

Of autopsy

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

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence. 6-25-1946

(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 MI

23. Signature Alfred M. Estee M.D. or other MD

Address 225 W. Main Jackson Date signed 6-25-46

18551 WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

Duration
Physician
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 746-2314
Date Filed 7-6-46

RECORDED

FEB 7 1957

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 Gene C. Cracraft

Licensed Embalmer No. 4327

P. O. Address Jackson, Mo

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.