

Registration District No. 53

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community 13 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard ¹⁰³
(c) City or town Advance ⁰
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Marilyn Sue 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 Single

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

7. Birth date of deceased October 14th 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 13 _____ hr. _____ min.

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Grover Baker

13. Birthplace Advance Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Mecham

15. Birthplace DuQuoin Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. & Mrs. Grover Baker

(b) Address R.F.D. # 1-Advance, Mo.

17. (a) Burial (b) Date thereof 10-28-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimier Cemetery

18. (a) Signature of funeral director L. L. Homan

(b) Address Cape Girardeau, Missouri

19. (a) 11-9-1946 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th
year 1946 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from Oct 17
1946 to Oct 27 1946
that I last saw him alive on Oct 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth Duration _____

Colitis

Due to General weakness

Due to _____

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

Major findings:
Of operations _____

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? _____

(Specify type of place)
While at work _____ (e) Means of injury 1

23. Signature [Signature] (M. D. or other) _____

Address Cape Girardeau, Mo. Day signed 11/9/46

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

MOTHER FATHER

RECEIVED

State of Illinois
Registered File Number 1146-2845
Date Filed 11-12-46

NOV 26 1946

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.