

FILED JAN 21 1947

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 5th

Primary Registration District No. 3009

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cape Girardeur
(b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bellinger
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Glen Allen (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KATHERINE BAKER

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

4. Sex F. I. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 23 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 7 If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) Germany (State or foreign country)

10. Usual occupation Wife

11. Industry or business _____

MOTHER FATHER { 12. Name W. L. Miller
13. Birthplace B/K Germany (City, town, or county) (State or foreign country)
14. Maiden name B/K
15. Birthplace B/K Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Monroe Baker
(b) Address Jackson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Glen Allen, Mo.

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Puteasville, Mo.

19. (a) 1-18-47 (Date received local registrar) (b) D. G. Lubner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1947 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Senility
Due to _____

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

Major findings: Of operations _____ Of autopsy 93D

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 3

23. Signature Dr. J. F. Sigmond (M.D. required) Address Jackson, Mo. Date signed 1/17/47

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

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

RECEIVED
FEB 24 1947

RECEIVED
Health Officer No. 4
District File Number 147-114
Date Filed 1-20-47

JAN 29 1947

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 J. E. Graham
Licensed Embalmer No. 4010
P. O. Address Lutesville, MD

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.