

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: The Council Hospital  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Charlton

(c) City or town Clifton Hill  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leroy Deland Baker

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month April day 5 year 1948 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from April 6, 1948 to April 8, 1948 and I last saw her alive on April 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death pericious anemia

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thos. S. Baker 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased: (Month) 11 (Day) 15 (Year) 1869

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 73W

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years 79 Months 2 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clifton Hill Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business gh. home

12. Name J. H. Green

13. Birthplace Clifton Hill Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Widow Mary Baker

15. Birthplace Clifton Hill Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant E. S. Green

(b) Address Madison Mo

17. (a) burial (b) Date thereof 4-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill

18. (a) Signature of funeral director T. G. Thompson

(b) Address Madison Mo

19. (a) April 10-48 (b) Leroy Deland Baker  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature J. L. McCormick (M. D. or other MD)  
Address Madison Mo Date signed 4-70-48

Duration yes

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 448-736

Date Filed APR 20 1948

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: Mrs Paul A. Thompson

Licensed Embalmer No. 2252

P. O. Address Mason, Wis

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.