

FILED SEP 9 1948

State File No. \_\_\_\_\_

Registration District No. 43

Primary Registration District No. 5135

Registrar's No. 287

1. PLACE OF DEATH:

(a) County Butler  
 (b) City or town Quilin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Route 2 / A.M.H.H. Twp.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community Life  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
 (c) City or town Quilin  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route 2  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lucy Baker

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife John Baker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 31 1877  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 4 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jim Meredith  
 13. Birthplace Arkansas  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Matilda Watson  
 15. Birthplace Arkansas  
 (City, town, or county) (State or foreign country)

16. (a) Informant Van Baker  
 (b) Address Quilin, Mo.

17. (a) Burial (b) Date thereof Aug 29, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Carola Cemetery

18. (a) Signature of funeral director Greer Croy & Fitch  
 (b) Address Poplar Bluff Mo.

19. (a) 9-1-48 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28  
 year 8 hour 30 minute A M.

21. I hereby certify that I attended the deceased from June 1  
1948 to Aug 28 1948  
 that I last saw her alive on Aug 20 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Multiple body  
 Duration \_\_\_\_\_

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

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 Signature Scott Cook (M. D. or other) MD  
 Address Poplar Bluff, Mo Date signed Aug 30-48

RECEIVED

District Health Office

District File Number 244

Date Filed 9-7-

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.....

Philip J. Casserly, Registered Apprentice No. 108  
working under my personal supervision.

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.