

FILED JUL 13 1949 STANDARD CERTIFICATE OF DEATH

State File No. 20007

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3586 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) "Rural" Marion		c. CITY (If outside corporate limits, write RURAL and give township) "Rural" Marion	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) Carthage Route #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Carthage Route #1			

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) Laura	c. (Last) BAKER	4. DATE OF DEATH (Month) (Day) (Year) July 2, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 12, 1868	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 8 Days 20	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Carthage, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME W. W. Carr	13b. MOTHER'S MAIDEN NAME Emily Arrington	14. NAME OF HUSBAND OR WIFE Clem Baker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Blanche Mathews	ADDRESS Route #1 Carthage, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic interstitial		8 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Hemorrhage Cerebral		8 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			4 1/2 hrs

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 1942 to July 2, 1949, that I last saw the deceased alive on June 3, 1949, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE George H. Wood MD	23b. ADDRESS Carthage Mo	23c. DATE SIGNED July 2 '49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-5-1949	24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	24d. LOCATION (City, town, or county) (State) N.E. of Carthage, Mo.
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DATE REC'D BY LOCAL REG. 7-5-49	REGISTRAR'S SIGNATURE L.B. Clayton 139	25. FUNERAL DIRECTOR'S SIGNATURE Ed. C. Ulmer	ADDRESS Carthage, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-11-49

Jasper County Health Office

County File Number 49-7-534

Date Filed 7-12-49

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Gene C. Pugh
Gene C. Pugh

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.