

ED. AUG 7 1943 77

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole Co Mo
(b) City or town Jefferson City
(c) Name of hospital or institution St. Marg's Hospital
(d) Length of stay: In hospital or institution 8 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California, Mo.
(d) Street No. --
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1943 hour 12 minute P. M.
21. I hereby certify that I attended the deceased from 6-29-43 to 7-7-43
that I last saw her alive on 7-7-43
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis
Sporadic type
Duration 10 days

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 80 P

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
23. Signature: J. W. Williams (M. D. physician)
Address: Jefferson City Mo Date signed 7-8-43

3. (a) PRINT FULL NAME: Helen Christine Baker

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

4. Sex F 5. Color or race W 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 Feb 6 1908 (Month) (Day) (Year)

8. AGE: Years 35 Months 5 Days 1 If less than one day hr. min.

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

10. Usual occupation Textile worker

11. Industry or business

12. Name Peter Jos. Baker

13. Birthplace Cooper Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Rose Marie Strickland

15. Birthplace Cooper Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Fred Baker

(b) Address California Mo

17. (a) Removal (b) Date thereof 7 7 43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California Mo

18. (a) Signature of funeral director William S. Freeman

(b) Address California Mo

19. (a) 7-7-43 (b) Norma Richter (Date received local registrar) (Registrar's signature)

(1-10-43)

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(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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. H. Friedmeyer

Licensed Embalmer No.

2854

P. O. Address

California, 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.