

FILED JUN 20 1944

Registration District No. 233

Primary Registration District No. 5817

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural Mill Creek Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 miles west Fortuna, Mo.
(If not in hospital or institution, write street number or location)

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

In this community Most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5 miles west Fortuna, Mo 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native 0

3. (a) PRINT FULL NAME Mary Frances Baker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lewis Baker

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March, 14th, 1867
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>77</u> | <u>2</u> | <u>15</u> | hr. min. |

9. Birthplace Morgan County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Joe Hutchinson

13. Birthplace Virginia (City, town, or county) (State or foreign country)

14. Maiden name Margaret Fisher

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Lewis Baker

(b) Address Fortuna, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-44 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Jessie E. Richards

(b) Address Tipton, Mo

19. (a) 6-12-44 (Date received local registrar) (b) Opal Barkware (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th year 1944 hour 7 minute 30P M.

21. I hereby certify that I attended the deceased from 1-1-44 to 5-29-44 19____; that I last saw her alive on 5-29-44 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage May 13

Due to arterial hypertension Car.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Jza!

Of operations _____

Of autopsy _____

Duration _____

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? _____ (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 _____

23. Signature J. P. Seune (M. D. MD)

Address Tipton Mo. Date signed 5-21-44

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address TIPTON-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.