

1938 AUG 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25873
Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 533
(b) Township Round Grove Primary Registration District No. 5721
(c) City Macon (d) Street No. 47
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mrs Mary Baker 260 St. Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. O. Baker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14 1872
7. AGE YEARS 66 MONTHS 8 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Mo

13. NAME William Kelley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Mo

15. MAIDEN NAME Adeline Winn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Mo

17. INFORMANT (ADDRESS) Mrs Frank Kelley
Macon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Worthen Ave DATE July 31 1938

19. FUNERAL DIRECTOR (ADDRESS) Stephens & Gooding
Macon, Mo

20. FILED 8/10 1938 Leo W. Henthorn
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1938

I HEREBY CERTIFY that I attended deceased from July 24 1938 to July 29 1938
I last saw him alive on July 29 1938 Death is said to have occurred on the date stated above, at 2:20 P. M.
The principal cause of death and related causes of importance were as follows:

Auto accident July 1938
95 B2

Other contributory causes of importance:
Cardio-Vascular disease 1930

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J J Turner M. D.
(Address) Macon, Mo

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)