

DECD SEP 27 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29542

Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery

(b) Township

(c) City Danville Mo

(d) Street No.

Life death occurred in Hospital or Institution, write its name instead of street and number) St.

(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 Miss Elsie Baker(a) Residence, No. Near Danville 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

White

5. SINGLE, MARRIED, WIDOWED, OR

Divorced (write the word)Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFNo6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 th 1851

7. AGE

YEARS

86

MONTHS

7

DAYS

6

If LESS than 1

day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.Home9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Danville Mo

FATHER

13. NAME S.M. Baker14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Near Mineola Mo

MOTHER

15. MAIDEN NAME Francis A. Stevens16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Virginia17. INFORMANT
(ADDRESS)Oliver Baker
Danville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Florence Cem DATE Aug 8 th 193819. FUNERAL DIRECTOR (NAME) C. W. Hopkins(ADDRESS) Montgomery City Mo20. FILED Aug 20 1938 W. A. Cullom
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6th 193822. I HEREBY CERTIFY, That I attended deceased from
August 6, 1938 to Aug. 6, 1938I last saw her alive on August 6, 1938 Death is said
to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

1. Nephritis, chronic, parenchymatous.
2. Uremia
3. Arterio-sclerosis

Date of onset

Other contributory causes of importance: 181

Name of operation _____ Date of _____

What test confirmed diagnosis? Lab. Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938Where 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) Bruce McNeely M. D.(Address) Montgomery City, Mo.

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, _____
on the 6 th day of August 1938, or by _____

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

Signed _____

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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, above space should be left blank.