N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

FILED NOV 18 1938

35912
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson — Registration District No. 398

(b) Township Blue — Primary Registration District No. 5554 — Registered No. 271

(c) City — (d) Street No. 2803 South Crysler St.

(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 260 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mable Garth Baker

(a) Residence, No. 2803 S. Crysler St.
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Huston Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1870

7. AGE: Years 68 | Months 2 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. 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 occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensberg Mo. 0

FATHER

13. NAME Henry C. Garth 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo. 1

MOTHER

15. MAIDEN NAME Betty Pence
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) J. Huston Baker, 2803 S. Crysler

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Oct. 8 1938

19. FUNERAL DIRECTOR (ADDRESS) Ott-Mitchell, Indep. Mo.

20. FILED 10-12-1938 F. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1938 to Oct 6 1938

I last saw her alive on Oct 6 1938. Death is said to have occurred on the date stated above, at ....m.

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

Carcinoma of the Uterus Do not know — Date of onset

45

Other contributory causes of importance:
1. Left Ventricular Failure Recent
2. Pulmonary edema Oct 2 38

none

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) George T. Norman M. D.
(Address) Independence Mo

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)