

FEB 6 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

3168
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 592
 (b) Township _____ Primary Registration District No. 4350
 (c) City Montgomery Mo (d) Street No. _____ Registered No. 2
 (If 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 24 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs Susie A. Laker
 (a) Residence, No. Montgomery City Mo St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Douglas S. Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 th 1858

7. AGE YEARS 80 MONTHS 3 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 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) Near Montgomery City (STATE OR COUNTRY) Missouri

13. NAME Edward G. White

14. BIRTHPLACE (CITY OR TOWN) Maryland (STATE OR COUNTRY) _____

15. MAIDEN NAME Mary Crane

16. BIRTHPLACE (CITY OR TOWN) Mincola Missouri (STATE OR COUNTRY) _____

17. INFORMANT Edward Baker (ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL Montgomery C. Cem PLACE Jan 22nd 1939

19. FUNERAL DIRECTOR (NAME) C. W. Hopkins (ADDRESS) Montgomery City Mo

20. FILED Jan 21, 1939 Bruce M. Murrell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20/39, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1929, to Jan. 20, 1939

I last saw her alive on Jan. 20, 1939 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:

1. Myocarditis
 2. Arterial hypertension

Date of onset
1936

Other contributory causes of importance: A3C

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. Exam 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) Bruce M. Murrell, M. D.

522 (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 21

day of June 1939, or by _____

Registered Apprentice No. _____, working under my personal supervision

Signed _____

Licensed Embalmer No. 1487

P. O. Address Montgomery City

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.