REC'D JUN 21 1939

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

19024
Do not use this space.

1. PLACE OF DEATH
(a) County LACLEDE
(b) Township GASCONADE or
(c) City
Registration District No. 45 3
Primary Registration District No. 5619
Registered No. 9
(d) Street No. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 260 Nancy J. BAKER
(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Wm BAKER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 4, 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	91	7	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
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) MONROE Co (STATE OR COUNTRY) IND

FATHER
13. NAME JOHN MOSIER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNK U.S.

MOTHER
15. MAIDEN NAME ELIZA RATLIFF
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNK U S

17. INFORMANT (ADDRESS) Joe Smith Lonedog Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE CUSTON CEMETARY DATE May 16 39

19. FUNERAL DIRECTOR (NAME) Palmer
(ADDRESS) Lebanon Mo

20. FILED May 16 1939 Lester Tucker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 15 1939

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1939, to May 15, 1939
I last saw her alive on May 16, 1939. Death is said to have occurred on the date stated above, at 12 Noon.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	May 12, 1939
J.J.W	

Other contributory causes of importance: Arterial Sclerosis

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) C. Mallett, M. D.
(Address) Crocker, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

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RECEIVED
District Health Officer No. 7,
District File Number 7-32-863
Date Filed 6-5-39

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.