

NOV 24 1939

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

Incurably
36859
Do not use this space.

1. PLACE OF DEATH
 (a) County Pettis / Registration District No. 668
 (b) Township Sedalia / Primary Registration District No. 3039
 (c) City Sedalia (d) Street No. Bathwell Wash 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 Anna Bell Baer
 (a) Residence, No. 1424 W. Main 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 F 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 Charles Baer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 - 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>52</u>	<u>11</u>	<u>21</u>	

OCCUPATION
 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) Pettis Co. Missouri

FATHER
 13. NAME Wm L Mitchell 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 1

MOTHER
 15. MAIDEN NAME Rosie Pity
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Chas. Baer Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 10-28-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McLaughlin Bros Sedalia Mo

20. FILED 10-28-1939 Mrs Harry Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 - 1939 to Oct 26 - 1939
 I last saw her alive on Oct 23 - 1939. Death is said to have occurred on the date stated above, at 2:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
 Date of onset

Other contributory causes of importance: H6

Name of operation..... Date of.....
 What test confirmed diagnosis? L.H. 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 Carcinoma
 (Signed) E. S. Swartz, M.D.
 (Address) Sedalia Mo

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.

RECEIVED
District Health Officer No. 8,
District File Number
11/7/39
Date Filed

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.....

Ralph E. Baker

Licensed Embalmer No. *2419*

P. O. Address.....

Sidalia

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.