

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

39027  
 Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 35

(b) Township \_\_\_\_\_ Primary Registration District No. 1001

(c) City St. Joseph, (d) Street No. 6412 Sherman St.

(e) Length of residence in city or town where death occurred 46 yrs. 6 mos. 25 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 260 Beulah Belle Baker

(a) Residence, No. 6412 Sherman 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert L. Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	46	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At 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) St. Joseph  
 (STATE OR COUNTRY) Missouri

FATHER

13. NAME William Maxey

14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown S. Dakota?

MOTHER

15. MAIDEN NAME Dora Larson

16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Nebraska ?

17. INFORMANT Albert L. Baker  
 (ADDRESS) 6412 Sherman St. St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL King Hill Cent.  
 PLACE St. Joseph, Mo. DATE Nov. 12 1939

19. FUNERAL DIRECTOR (NAME) H. O. Sidenfaden & Son  
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Nov 11 1939 A. J. Kettlebach  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 9, 1939, to Nov. 10, 1939

I last saw her alive on November 9, 1939. Death is said to have occurred on the date stated above, at 6:00 A.M.

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

Angina Pectoris

Date of onset ?

Other contributory causes of importance: A. H. N.

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) A. E. Stevenson D. O.

(Address) 801 1/2 Francis

St. Joseph, Mo.

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

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.

50M-9-19-39 I X1685

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**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.....

*Albert R. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.**