

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.

40003

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 720

Primary Registration District No. 3022

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Jefferson Co.  
(b) City or town DeSoto, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /////  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 Years. (Specify whether years, months or days)  
In this community 20 Years.

3. (a) PRINT FULL NAME Emily M. Baker., 260  
3. (b) If veteran, name war /// 3. (c) Social Security No. \_\_\_\_\_  
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife O. C. Baker. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 1-- 1854. (Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jefferson Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name M. Simpson.

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name " " (City, town, or county) (State or foreign country)

15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John W. Baker

(b) Address 804 South Third

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 29 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn, DeSoto, Mo.

18. (a) Signature of funeral director Mothershead

(b) Address DeSoto, Mo. 381

19. (a) 12-1-39 (Date received local registrar) (b) Geneva Danvers (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town DeSoto. (If outside city or town limits, write "RURAL")  
(d) Street No. 809 S. Third St. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26 year 1939 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 3-- 1939 to Nov. 26 1939  
that I last saw him alive on Nov. 26 and that death occurred on the date and hour stated above. 1939

Immediate cause of death Cerebral Pneumonia Duration 51 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) Means of injury Heart

23. Signature Dr. J. W. Baker (M. D. or other) \_\_\_\_\_

Address DeSoto, Mo. Date signed 11-30-39

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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.....

working under my personal supervision.

Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. 3531

P. O. Address Desoto Ga

**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.**