

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40193

Registration District No. 529

Primary Registration District No. 5705

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Chariton
(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 _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Etta Baker 260

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Baker. 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Feb. 4, 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 25 If less than one day
hr. min.

9. Birthplace Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name Charles Sherman.

13. Birthplace New York St.
(City, town, or county) (State or foreign country)

14. Maiden name Elvany Keyes.

15. Birthplace New York St.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Baker.

(b) Address Bevier, Mo.

17. (a) Burial (b) Date thereof 12/1/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Powell Cemetery.

18. (a) Signature of funeral director Albert Skinner.

(b) Address Macon Mo.

19. (a) Dec 1 1939 (b) Mrs R W Powell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon.
(c) City or town Bevier, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Chariton Township.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
year 1939 hour 11.00 P. M. minute.

21. I hereby certify that I attended the deceased from Aug 16, 1939, to Nov. 29, 1939;
that I last saw him alive on Oct 14, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver Duration 12 months

Due to _____

Due to _____

Other conditions
(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: no

(a) Accident, suicide, or homicide (specify) _____

(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)
(e) Means of injury 1

23. Signature Martin F. Smith M. D. or other Dr.

Address Bevier, Mo. Date signed 12/1/39

RECEIVED

District Health Officer No. 10

District File Number 12-39-2169

Date Filed DEC 11 1939

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 Skinner

Licensed Embalmer No. ~~767~~ 767

P. O. Address.....

Macon 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.