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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1940

Registration District No. 599

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9659

Registrar's No. 1093

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mrs. Eva D. Prout Convalescent Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution March 3, 1937 (Specify whether

In this community -- years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Clay

(c) City or town Smithville, Mo. (If outside city or town limits write "RURAL").

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Annette Baker 260

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Robt. L. Baker

6. (c) Age of husband or wife if alive 58 years when died

7. Birth date of deceased Nov. (Month) 23 (Day) 1861 (Year)

8. AGE: Years 78 Months 3 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name — Farmer
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Zumault

(b) Address Smithville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-40 (Month) (Day) (Year)

(c) Place: burial or cremation Smithville, Mo.

18. (a) Signature of funeral director S. A. McConnas

(b) Address Smithville, Mo.

19. (a) Mch 10, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 9 year 1940 hour 9 minute 30 p M.

21. I hereby certify that I attended the deceased from Jan 1938 ....., 19..., to to March 9, 1940 that I last saw She alive on March 6 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Occlusion | |
| Due to Coronary Sclerosis | |
| Due to 9.4.40 | |
| Other conditions Senile Dementia (Include pregnancy within 3 months of death) | |
| Major findings: Of operations No | |
| Of autopsy No | |

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) ✓

(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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature [signature] (M. D. or other)

Address Smithville, Mo Date signed 3/9/40

(Licensed Embalmer's Statement on Reverse Side)

## 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.**