

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 229

Primary Registration District No. 4139 5211

Registrar's No.

1. PLACE OF DEATH:

(a) County Crawford  
(b) City or town Bourbon, (Rural)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 Years.  
In this community 50 Years.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23  
year 1940 hour 7 minute 15 A.M.  
21. I hereby certify that I attended the deceased from 2-18- 1940 to 2-23- 1940  
that I last saw her alive on 2-18 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration 220

Due to HTA

Due to \_\_\_\_\_  
Other conditions Hypertension  
(Include pregnancy within 5 months of death)

Major findings: None  
Of operations \_\_\_\_\_  
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) \_\_\_\_\_  
(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 C.W. Adams (M. D. or other) \_\_\_\_\_  
Address Sullivan, Mo. Date signed 2-23-40

3. (a) PRINT FULL NAME Mary Ann 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 Married

6. (b) Name of husband or wife Wm. H. Baker 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Dec. 11, 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 2 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Thomas Jones

13. Birthplace Wales  
(City, town, or county) (State or foreign country)

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

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

16. (a) Informant Wm. H. Baker

(b) Address Bourbon, Missouri.

17. (a) Burial (b) Date thereof Feb. 25, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Sullivan, Missouri. 205

19. (a) June 1-1940 C.W. Adams  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 Me

Registered Apprentice No. \_\_\_\_\_

RECEIVED

working under my personal supervision.

District Health Officer No. 5,

District File Number 740 774

Date Filed 7/1/47

Signed

Edgar W. Sullivan

Licensed Embalmer No. 113394

P. O. Address Sullivan 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.