

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

31852
 Do not use this space.

1940 OCT 2 1940 20

1. PLACE OF DEATH
 (a) County Dade Registration District No. 238
 (b) Township Lockwood Primary Registration District No. 5324
 (c) City (d) Street No. Registered No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Alma M. Baker
 (a) Residence, No. Dade Co. no. Rural (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF O. H. Baker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2-1846
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
94 3 5
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. None.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1
 FATHER
 13. NAME John E. Mills 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 7
 MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT Mrs. M. Christner
 (ADDRESS) Lockwood, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lockwood DATE June 9 1940
 19. FUNERAL DIRECTOR (NAME) Duff Caldwell
 (ADDRESS) Lockwood, Mo
 20. FILED 6-10 1940 J. H. Wren 15
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1940
 22. I HEREBY CERTIFY That I attended deceased from June 1, 1940, to June 7, 1940
 I last saw her alive on June 7, 1940. Death is said to have occurred on the date stated above, at 10:20 AM.
 The principal cause of death and related causes of importance were as follows:
Senility
no apparent cause
otherwise
 Date of onset
 Other contributory causes of importance: 167
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 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?
 If so, specify Jaundice
 (Signed) J. H. Wren M. D.
 (Address) Lockwood, Mo

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.

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 *Ray Caldwell*

Licensed Embalmer No. *3380*

P. O. Address *Lakewood, 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.