

STANDARD CERTIFICATE OF DEATH

State File No. 32630

Registration District No. 592

Primary Registration District No. 4350

Registrar's No. 30

1. PLACE OF DEATH:

- (a) County Montgomery
(b) City or town Montgomery City
(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 38 years
years, months or days)3. (a) PRINT FULL NAME Susie White Baker

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex
- Female

5. Color or race White6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive. years

Robert Adams Baker

7. Birth date of deceased
- January 16, 1861

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

79814

hr.

min.

9. Birthplace
- Mineola
-
- (City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation
- None

11. Industry or business

12. Name
- D. F. Graham

13. Birthplace
- Mineola

(City, town, or county)

Missouri

(State or foreign country)

14. Maiden name
- Susan Rebecca White

15. Birthplace
- Mineola
-
- (City, town, or county)

Missouri

(State or foreign country)

16. (a) Informant
- S. Clay Baker

- (b) Address
- 910 Goodfellow St. Louis, Mo.

17. (a)
- burial
-
- (Burial, cremation, or removal)

- (b) Date thereof

Oct. 2, 1940
(Month) (Day) (Year)

- (c) Place: burial or cremation
- Montgomery City Cem.

18. (a) Signature of funeral director
- [Signature]

- (b) Address
- Montgomery City, Missouri

19. (a)
- Oct. 1, 1940
-
- (Date received local registrar)

[Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State
- Missouri
- (b) County
- Montgomery

- (c) City or town
- Montgomery City

(If outside city or town limits, write "RURAL")

- (d) Street No.
- 506 Harper St.

(If rural, give location)

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

MEDICAL CERTIFICATION

September

20. DATE OF DEATH: Month
- September
- day
- 30
-
- year
- 1940
- hour minute M.

21. I hereby certify that I attended the deceased from
- Sept. 19
- , 19
- 40
- to
- Sept. 30
- , 19
- 40
- ;

that I last saw her alive on September 30, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Embolus

Duration

2 min.Due to Fracture left hip. Operated
Smith-Peterson nail inserted9-14-
1940.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Fracture of left hip

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

522
While at work?

(Specify type of place)

(e) Means of injury

23. Signature
- [Signature]
- (M. D. or other)
-
- Address
- Montgomery City, Mo.
- Date signed
- 10-1-40

14412
99

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 Joseph A. Marler

Licensed Embalmer No. 3658

P. O. Address Montgomery City, M

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **32630**Registration District No. **592**Primary Registration District No. **4350**

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County **Montgomery**
(b) City or town **Montgomery**
(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**Susie White Baker**

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married

6. (b) Name of husband or wife divorced **und**

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 8 14

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

- (b) Address

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

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (Dated: received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

- (c) City or town (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 **Sept** day **30**
year **1940** hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

- that I last saw him alive on and that death occurred on the date and hour stated above.

- Immediate cause of death **Coronary Embolus**

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

- Due to

Duration

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) **As**

- (b) Date of occurrence **Sept - 6 - 1940**

- (c) Where did injury occur? **Montgomery City**

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

- Home**

- While at work? **No** (Specify type of place) (e) Means of injury **Fall**

23. Signature **Bull Memphis** (M. D. or other)

- Address **Montgomery City Mo** Date signed **11-2-40**

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

