

STANDARD CERTIFICATE OF DEATH

Registration District No. 125

Primary Registration District No. 4095

State File No. 519

Registrar's No. 519

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs
(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 2
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME MARY I BAKER

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 Isaac H BAKER 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March-27-1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name JOSEPH O'BRYANT
18. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET THOMPSON
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Isaac H BAKER
(b) Address 111 W. Hickory El Dorado Springs Mo

17. (a) BURIAL (b) Date thereof Oct-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation EL DORADO SPRINGS, CEM

18. (a) Signature of funeral director William Sellers
(b) Address El Dorado Springs Mo

19. (a) 10-14-40 (b) W. Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEAR
(c) City or town EL DORADO SPRINGS
(If outside city or town limits, write "RURAL")
(d) Street No. 111 W Hickory st
(If rural, give location)
(e) If foreign born, how long in U. S. A? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1940 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from Mar
6th, 1940, to Oct 11, 1940;
that I last saw her alive on May 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to 12C

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?

154 (Specify type of place)
While at work? (e) Means of injury

23. Signature W. Dawson (M. D. or other) DO
Address El Dorado Springs Date signed 10-15-40

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1577

Date Filed 11-7-40

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.