DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1618

State File No.

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: 0
Audrain Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrian 4

(c) City or town Thompson, Missouri 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. R. F. D. #2 1
(If rural, give location)

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

3. (a) PRINT FULL NAME Olivia Melvina Baker

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Luther Baker

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct. 26, 1874
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	3	1	hr. min.

9. Birthplace Monroe County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER

12. Name Joseph Smelzer

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

14. Maiden name Emily D. Tipton

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

16. (a) Informant J. B. Smelzer

(b) Address Holliday, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/41 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director

(b) Address Mexico, Missouri

19. (a) Jan 29-41 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour 10:55 minute A M.

21. I hereby certify that I attended the deceased from Nov. 26, 1940
, 19 , to Jan 27, 1941;
that I last saw h alive on Jan 27, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (Bronch.)	3 days.
Due to (b) Heart-Hypertension Chronic Nephritis	Impo
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank W Barbee M.D. (M. D. or other) 0

Address Centralia Mo Date signed 1/28/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 24 1941
District Health Officer No. 10
District File Number 2-41-444
Date Filed FEB 19 1941

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 Cleo Arnold

Licensed Embalmer No. 3564

P. O. Address Mexico

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.