DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6245

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 54

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

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 50 West Blvd South (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Mo. In this community: Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone 10
(c) City or town: Columbia (If outside city or town limits, write "RURAL") 2
(d) Street No.: 50 West Blvd, So. (If rural, give location) 4
(e) If foreign born, how long in U. S. A.? ..... years. 0

3. (a) PRINT FULL NAME: ~~HATTIE EDWARD BAKER~~ ~~HATTIE EDNA~~ 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: Hugh E. Baker 6. (c) Age of husband or wife if alive: Unknown years

7. Birth date of deceased: Dec. (Month) 8 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
65	2	29	..... hr. ..... min.

9. Birthplace: Boone County (City, town, or county) Mo (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER
12. Name: Elijah Hodge
13. Birthplace: (Unknown) (City, town, or county) Ky (State or foreign country)
14. Maiden name: Mary Ann Craig
15. Birthplace: (Unknown) (City, town, or county) Ky (State or foreign country)

16. (a) Informant: Hugh E. Baker
(b) Address: Columbia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 1, '41 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Cem.

18. (a) Signature of funeral director: Parkerson
(b) Address: Columbia, Mo.

19. (a) 2/28/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1941 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb. 15, 1941, to Feb. 26, 1941; that I last saw her alive on Feb. 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration: 2 wks

Due to: Valvular Heart disease

Due to:

Other conditions (Include pregnancy within 3 months of death): Apoplexy - one year ago

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? No
While at work? (Specify type of place) (e) Means of injury:

23. Signature: Maurice E. Cooper (M. D. or other) M.D.
Address: Columbia, Mo. Date signed Feb. 28, 1941

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1945

APR 11 1945

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. 3132

P. O. Address Columbia

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Boone

State File No.
Local Registrar's No. 54

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of March, 1941, before me appears Hugh E. Baker, who, upon his oath, states that the original record of ~~birth~~ death for Hattie Edward Baker, ~~born~~ died Feb. 27th., 1941, in the State of Missouri, and which was filed at Columbia on Feb. 28th 1941, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. 3 should read Hattie Edward Baker

Instead of Hollie Edna Baker

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Hugh E. Baker Husband
Relationship.

50 West Blvd. South, Columbia, Mo.
Present Address.

Subscribed and sworn to before me this 14th. day of March, 1941.

My Commission expires December 20, 1944 Emma Adcock Reid Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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28048

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