

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

57887

State File No. ....

**FILED MAR 25 1941**

Registration District No. 711

Primary Registration District No. 4426

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Dixon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85  
(c) City or town Dixon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? A (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12  
year 1941 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Due to Arteriosclerosis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy None held

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) no  
(b) Date of occurrence 0  
(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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 3  
23. Signature C. M. Webb (M. D. or other)  
Address Crane, Mo. Date signed 2-16-41

3. (a) PRINT FULL NAME Ella Armintha Baker

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George W. Baker 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 24, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 10 18 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Davis  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Moss  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jas. Goodman  
(b) Address Dixon, Mo.

17. (a) Burial (b) Date thereof 2/14/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Seaton Cemetery

18. (a) Signature of funeral director Fred H. Gilbert  
(b) Address Dixon, Mo.

19. (a) \_\_\_\_\_ (b) A. S. Lewis  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 5,

District File Number 34/356

Date Filed \_\_\_\_\_

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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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

*Fred W. Gilbert*

Licensed Embalmer No. 2341

P. O. Address Aixen Ma

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, fact should be so stated above.