N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14405

Registration District No. 068 — Primary Registration District No. 5361 — Registrar's No. 4

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Helena (If outside city or town limits, write "RURAL" and name of township) Missouri
(c) Name of hospital or institution: 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 6 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DeKalb
(c) City or town Helena R 2 (If outside city or town limits, write "RURAL")
(d) Street No. 3 mi North West of Clarkedale (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hannah Estella 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 Married
6. (b) Name of husband or wife E. J. Baker
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April (Month) 9 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
72	11	26	hr. min.

9. Birthplace Linn Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Wm Lamox
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Evangeline Wilcox
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Howard Baker
(b) Address Helena Mo R 2
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 7-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lucile Mo
18. (a) Signature of funeral director Chas Thomas
(b) Address Maysville
19. (a) April 7-1941 (Date received local registrar) (b) Mrs C M Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1941 hour 4 minute 45 P. M.
21. I hereby certify that I attended the deceased from June 10, 1939 to April 5, 1941 that I last saw her alive on March 27, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
"Probably" Coronary Thrombosis	
Due to	
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 J. R. Reynolds (M. D. or other)
Address Maysville Mo Date signed 4-7-41

(Licensed Embalmer's Statement on Reverse Side)

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. 3960

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.