

DEC 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

379727 27
State File No.

Registration District No. 117

Primary Registration District No. 5167

Registrar's No.

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Osage Beach
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Osage Beach Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home
(Specify whether years, months or days)
In this community two years

3. (a) PRINT FULL NAME

Hannah Jane Baker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July
(Month)

27 1868
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

73

3

27

hr. min.

9. Birthplace Williamstown Mo
(City, town, or county)

(State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name E. D. Baker

13. Birthplace New York
(City, town, or county)

(State or foreign country)

14. Maiden name Jessie Hughes

15. Birthplace Kentucky
(City, town, or county)

(State or foreign country)

16. (a) Informant Edwin E. Baker

(b) Address Osage Beach Mo.

17. (a) Burial (b) Date thereof 11-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camdenville Mo.

18. (a) Signature of funeral director Paul Thomas

(b) Address Camdenville Mo.

19. (a) Nov 24-1941 (b) Lizzie Heller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Camden
(c) City or town Osage Beach Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Osage Beach
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1941 hour 12:30 minute M.

21. I hereby certify that I attended the deceased from Nov 24 to Nov 24, 1941.
that I last saw her alive on October, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Cortic Occlusion

Duration

40

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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?

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

23. Signature E. D. Baker (M. D. or other) M. D.
Address Camden Mo. Date signed 11-24-41

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

District Health Officer No. 7,

District File Number 12-41-2038

Date Filed 12-16-41

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, fact should be so stated above.