

FILED FEB 11 1942
Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 819 E. 9th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 61 years
(Specify whether years, months or days)
In this community 61 years

3. (a) PRINT FULL NAME BERTHA E. SMITH 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
(b) Name of husband or wife Benny Baker 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan 23 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 2
If less than one day hr. min.

9. Birthplace Pettis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER { 12. Name Chas. A. Bentholt
13. Birthplace N.Y.
14. Maiden name Marganda Huffman
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. R. Smith
(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof Jan 27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithson, Mo.

18. (a) Signature of funeral director William Smith
(b) Address Sedalia Mo.

19. (a) Jan 27/42 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 819 E 9th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1942 hour 12 minute 30 P.

21. I hereby certify that I attended the deceased from Jan 25 to Jan 25 1942
NO 1942 to Jan 25 1942
that I last saw her alive on Jan 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-nephritis
Due to Hypertension
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12/a

Of autopsy

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 J. E. Dravey (M. D. or other)
Address Sedalia Date signed 1/27/42

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-10-42

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. 3868

P. O. Address Sebalia

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.