

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 1 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24623

Registration District No. 464171

Primary Registration District No. 4277-4267

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Odessa
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
300 East Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80-5-4
years, months or days

3. (a) PRINT FULL NAME Mary E 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 H.P. Baker 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased Feb 16 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 4 hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name BENJAMIN HUNT

13. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name MELVINA JOHNSON

15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E Baker

(b) Address One Ash St. Odessa

17. (a) Burial (b) Date thereof 7 21-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Cem.

18. (a) Signature of funeral director Bliss

(b) Address Odessa Mo
19. (a) July 20-42 (b) Mrs W.J. Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Odessa
(If outside city or town limits, write "RURAL")
(d) Street No. 300 East Main St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1942 hour 6 PM minute _____ M.

21. I hereby certify that I attended the deceased from July 19 1942 to July 19 1942

that I last saw her alive on July 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Right heart failure

Due to Plum effusion

Due to Complication of unknown origin of lung

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy in autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no accident

(b) Date of occurrence

(c) Where did injury occur? no injury
(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 0

23. Signature W. J. Baker (M. D. or other)
Address Odessa Mo Date signed 7/20/42

Duration

PHYSICIAN

Underlying the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-10-42

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

Norace Blum

Licensed Embalmer No. 2758

P. O. Address Odessa Mo.

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, above space should be left blank.