

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 67

FILED SEP 11 1942

Registration District No. 62

Primary Registration District No. 5238

1. PLACE OF DEATH:

(a) County. Cedar
 (b) City or town. Rural Jefferson Twp.
 (c) Name of hospital or institution: XXX
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. XX
 (Specify whether
 In this community. XXX years, months or days)

3. (a) PRINT FULL NAME Narcie Adaline Baker

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

4. Sex. Female / race. white
 5. Color or race. white
 6. (a) Single, widowed, married, divorced. single
 6. (b) Name of husband or wife. XXX
 6. (c) Age of husband or wife if alive. XX years
 7. Birth date of deceased. Mar. 5, 1872
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	3	10	XX hr. XX min.

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

10. Usual occupation. XXX

11. Industry or business. XXXX

12. Name. Jacob Baker
 13. Birthplace. Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name. Elizabeth Cacy
 15. Birthplace. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant. Blaine Baker
 (b) Address. Stockton Mo.
 17. (a) Burial
 (Burial, cremation, or removal) (b) Date thereof. 6-16-1942
 (Month) (Day) (Year)

(c) Place: burial or cremation. Alder
 18. (a) Signature of funeral director. W. C. Davis & Company
 (b) Address. Stockton, Missouri

19. (a) (Date received local registrar)
 (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Cedar
 (c) City or town. Rural Jefferson Twp.
 (If outside city or town limits, write "RURAL")
 (d) Street No. XXX
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country. XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. day. year. hour. minute. M.

21. I hereby certify that I attended the deceased from about 19. to 6 mos ago, 19. that I last saw him alive on. and that death occurred on the date and hour stated above.

Immediate cause of death. Probable coronary thrombosis.

Due to. She hadn't been well for long time.

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

Major findings: Of operations. 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) Means of injury
 23. Signature. Roscoe E. Ruess (M. D. or other) Address. Hannibal Mo. Date signed. 8-14-42

RECEIVED

District Health Officer No. 7,

District File Number 8-42-925

Date Filed 8-31-43

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.....

Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26918
Registrar's No. 67

Registration District No. 62

Primary Registration District No. 5238

1. PLACE OF DEATH

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

3. (a) PRINT FULL NAME Margaret Adeline Baker

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 3

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

7. Birth date of deceased Mar (Month) 5 (Day) 1900 (Year)

8. AGE: Years 70 Months 3 Days me If less than one day min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 8-25-42 (b) mm & thul C. Church (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1942 hour 8 minute AM

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death.

Due to.

Due to.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

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?

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

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

