

U. S. No. 2  
FORM-5-42  
Rev. 5-17-39  
DPI X32873

9919

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 14 1943

Registration District No. 02

Primary Registration District No. 4108

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Stockton, Missouri

(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 XXd  
(Specify whether years, months or days)

In this community XXx  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Cedar

(c) City or town Stockton, Mo.  
(If outside city or town limits, write "RURAL.")

(d) Street No. XXXXX  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country XXX

3. (a) PRINT FULL NAME Vona Alta Baker

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15  
year 1943 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from Birth  
Feb. 1 1943 to Feb. 15 1943  
that I last saw her alive on Feb. 14 1943  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife XXXXXXXX

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

7. Birth date of deceased Feb. 3, 1943  
(Month) (Day) (Year)

Immediate cause of death Premature birth malnourished

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 159

8. AGE: Years Months Days If less than one day

0 0 12 hr. min.

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

10. Usual occupation XXXXXX

11. Industry or business XXXXX

12. Name Fred Baker

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

14. Maiden name Lydia Jane Samsel

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

16. (a) Informant Dr. Fred Baker

(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 2/15/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Younger Cemetary

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Missouri

19. (a) 3-29-43 (b) Mrs. Ethel C. Hunk  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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 Dr. Fred Baker (M. D. or other) Dr.

Address Stockton, Mo. Date signed 2-16-43

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

20  
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129 B

RECEIVED  
District Health Officer No. 71  
District File Number 3-43-1  
Date Filed 4-3-43

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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.

*W. J. Centalmond*

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.**