

S. No. 2
4-5-42
5-17-39
X 32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

File No. **17365**
Registrar's No. **452**

FILED JUN 8 1943
Registration District No. **1000**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT ELIZABETH NANCY BAKER
FULL NAME

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 widowed

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

7. Birth date of deceased April 4 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 1 0 _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name William Berry

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

14. Maiden name Unknown

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

16. (a) Informant J. H. Baker

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 5/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baker Cem. Grayson, Mo.

18. (a) Signature of funeral director W. H. Baker

(b) Address St. Joseph, Mo.

19. (a) May 5, 1943 (b) 5/5/43
(Date received local registrar) (Date registered)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1943 hour 2 minute 20P M.

21. I hereby certify that I attended the deceased from May 3d 1943 to May 4th 1943
that I last saw her alive on May 3d 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____
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)
(c) Means of injury _____

23. Signature B. W. Tadlock (M. D. or other) _____
Address King Hill Bldg. St. Joseph, Mo. Date signed 5/5/43

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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.

Signed James A. Moles
Licensed Embalmer No. 3296
P. O. Address St. Joseph 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, fact should be so stated above.