

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1944

Registration District No. 200

Primary Registration District No. 2723

State File No. 42914

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Chariton Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(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

Rebecca 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 Widowed

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

7. Birth date of deceased Jan 11-1855  
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 21 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Loath Mullins  
13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Cooley  
15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Powers

(b) Address R 2 Excello, Mo.

17. (a) Burial (b) Date thereof Dec 5-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Robert Skye

(b) Address Macon

19. (a) 1/4/44 (b) Tora B. Hunkler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon  
(c) City or town Chariton Twp.  
(If outside city or town limits, write "RURAL")

(d) Street No. # 2 Excello, Mo.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2  
year 1943 hour 12 minute M.

21. I hereby certify that I attended the deceased from Jan 7 to Dec 1, 1943  
that I last saw her alive on Dec 1, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration 1 yr  
Arterio-sclerosis 15 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gla PHYSICIAN  
Of autopsy 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 C. A. Shyjuvski (M. D. or other)  
Address Jacksonville, Mo. Date signed Dec 1, 1943

DEC 1 1958

RECEIVED  
District Health Officer No. 10  
District File Number 1-44-1504  
Date Filed JAN 12 1944

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 Portland Minor  
Licensed Embalmer No. 3414  
P. O. Address Macon 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.