

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12322

Registration District No. 337

Primary Registration District No.

4499

Registrar's No.

49

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbina, Mo.
(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 Entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie Bell Baker

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife March 22 1875 6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 10 If less than one day hr. min.

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

10. Usual occupation House wife
11. Industry or business Same

MOTHER FATHER { 12. Name Charley Tonnison
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Not known
15. Birthplace Not known (City, town, or county) (State or foreign country)

16. (a) Informant Harley Baker
(b) Address Shelbina, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Cel. Grove

18. (a) Signature of funeral director Mellon & Barkley
(b) Address Shelbina, Mo.

19. (a) April 4, 1944 (Date received local registrar) (b) Madge Groosh (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Shelbina, Mo. (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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1944 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Apr 1 to Apr 2, 1944
that I last saw him alive on Apr 2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 2 days

Due to Chronic Nephritis

Due to & Hypertension

Other conditions (Include pregnancy within 3 months of death) 131 lb

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) (e) Means of injury

23. Signature J. L. Simpson (M. D. or other) 100
Address Shelbina Mo Date signed 4-4-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10.

District File Number 4-44-724

Date Filed APR 11 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

Henry A. Barkelee

Licensed Embalmer No.

3835

P. O. Address

Shelburne, 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.