

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15989

FILED MAY 11 1944

Registration District No. 348

Primary Registration District No. 4511

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Harris  
(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 Life years, months or days)

3. (a) PRINT FULL NAME MRS MARY F 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 married  
6. (b) Name of husband or wife W. W. Baker 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased July (Month) 9 (Day) 1872 (Year)

8. AGE: Years 71 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Merideth Shores  
13. Birthplace Ind. (City, town, or county) (State or foreign country)  
14. Maiden name Jane Griffith  
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant W. W. Baker

(b) Address Harris Mo.

17. (a) Burial (b) Date thereof Apr 24 - 44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harris Cemetery

18. (a) Signature of funeral director B. K. Dayne

(b) Address Galt Mo.

19. (a) April 25, 1944 (b) Mrs John Todd (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan  
(c) City or town Harris (If outside city or town limits, write "RURAL") 105

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1944 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 18 to April 22 1944  
that I last saw him alive on April 22 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 5 da

Due to

Due to 83 da

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) (e) Means of injury

23. Signature U. S. Bradley (M. D. or other)

Address Harris Mo. Date signed 4/23-44

**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.....

Licensed Embalmer No. 3400

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.**