

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1023W 3033

FILED FEB 9 1945

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 MONTHS
(Specify whether
In this community LIFE years, months or days)

3. (a) PRINT FULL NAME AMANDA JOSEPHINE 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 SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if
alive years
7. Birth date of deceased 10 - 12 - 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 3 7 hr. min.

9. Birthplace BONHAM TEXAS
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER
12. Name JAMES RILEY BAKER
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name SUSAN PUCKETT
15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant MISS CORDA BAKER

(b) Address SEDALIA, MO

17. (a) BURIAL (b) Date thereof 1-20-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA, MO

19. (a) 1/20/45 (b) Mo Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 412 E. 2ND ST.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 19TH
year 1945 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from 1943 to Jan 19 1945
that I last saw her alive on Jan 18 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage

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 sta-
tistically.

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 M. P. Shy M.D. (M. D. or other)
Address Sedalia Mo Date signed 1/20/45

(Licensed Embalmer's Statement on Reverse Side)

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

1022

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-8-45

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

L. E. Boulton

Licensed Embalmer No.

3867

P. O. Address

Deedlin 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.