

**FILED** NOV 13 1945  
Registration District No. 5

Primary Registration District No. 5-227

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Rural (peculiar) Leury  
(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 5 years (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME

Susie Onelia 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 William E. Baker 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased October (Month) 27 (Day) 1878 (Year)

8. AGE: Years 66 Months 11 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Enoch Roberts Ky. /  
13. Birthplace ? (City, town, or county) (State or foreign country)  
14. Maiden name Onelia Roberts  
15. Birthplace ? (City, town, or county) Ky. / (State or foreign country)

16. (a) Informant William Baker

(b) Address Pleasant Hill, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-45 (Month) (Day) (Year)

(c) Place: burial or cremation Belton, Mo.

18. (a) Signature of funeral director Allen Brownfield

(b) Address Pleasant Hill, Mo.

19. (a) Oct. 29-45 (Date received local registrar) (b) Diana J. Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19  
(c) City or town Rural . peculiar (If outside city or town limits, write "RURAL") 0  
(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 October day 16<sup>th</sup> year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 11 1945, to October 16 1945; that I last saw her alive on October 13 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 20 min.  
Due to Essential Hypertension 5 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ 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) (e) Means of injury 2

23. Signature Dr. C.E. Everett (M. D. or other) D.O.  
Address Wairsonville, Mo. Date signed 10/18/45

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.....

*By me 10-16-45*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3786*

P. O. Address. *Pleasant Hill, 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.**