

No. 2
-5-43
-17-39
X36671

FILED JUN 24 1946

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **181**

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:
721 W. Jefferson /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **20 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis 80**
(c) City or town **Sedalia 6**
(If outside city or town limits, write "RURAL")
(d) Street No. **721 W. Jefferson 4**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Fannie Baker

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **F 3** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **N.M. O**

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

7. Birth date of deceased **Unknown 1865**
(Month) (Day) (Year)

8. AGE: Years **81** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic 1**

11. Industry or business _____

MOTHER FATHER

12. Name **Unknown 9**

13. Birthplace **" 9**
(City, town, or county) (State or foreign country)

14. Maiden name **" 9**

15. Birthplace **" 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Crawford 1**

(b) Address **721 W. Jefferson - Sedalia, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-5-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill Annex**

18. (a) Signature of funeral director **J. Payne Alexander**

(b) Address **400 W. Calhoun, Sedalia, Mo.**

19. (a) **6-10-46** (Date received local registrar) (b) **Betty Yeager** (Deputy Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3^d** year **1946** hour _____ minute **11:30** A.M.
21. I hereby certify that I attended the deceased from **June 3^d** to **June 4^d**, 19**46**
that I last saw her alive on **June 3^d**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral apoplexy
Due to **Arteriosclerosis**
Due to **Chronic Interstitial Nephritis**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations: _____
Of autopsy: **MLK**

Duration

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 **A. R. Maddox** (M. D. or other) **M.D.**
Address **116 1/2 W. Main** Date signed **6-4-46**

251 (Licensed Embalmer's Statement on Reverse Side) **Sedalia, Mo.**

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-19-46

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 J. J. Blum

Licensed Embalmer No. 4245

P. O. Address Sedalia 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. . .

Registration District No. 274

Primary Registration District No. 3062

1. PLACE OF DEATH: Pettis
 (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:
 (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 Faune Baker
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced W.M.O.
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
 7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 81 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
 { 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
 (b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1946 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____
 Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

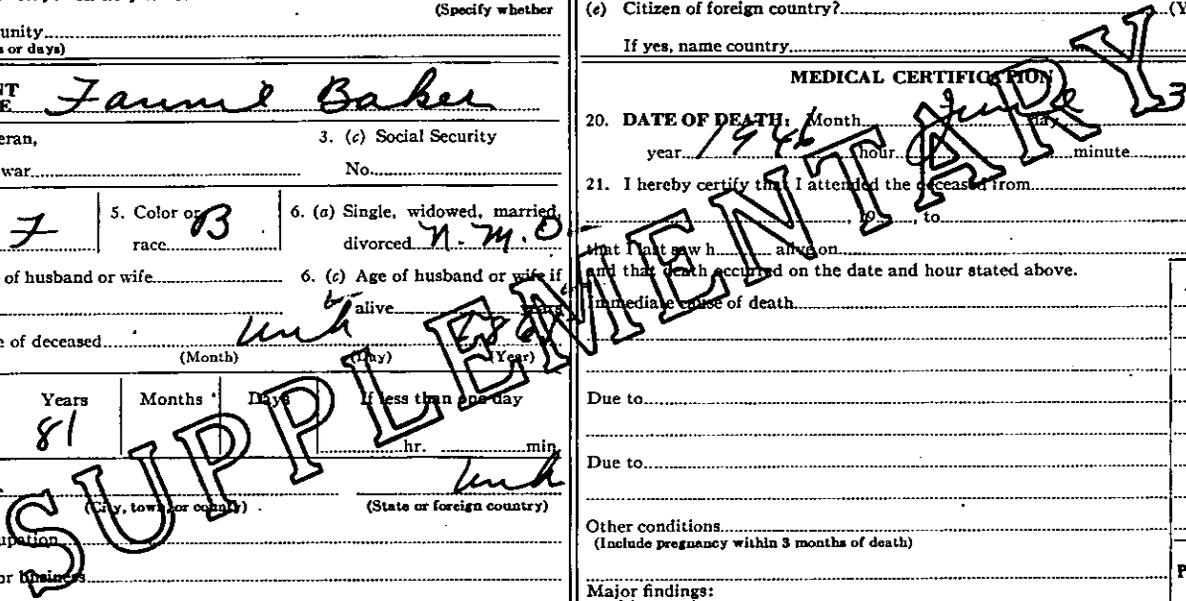
PHYSICIAN

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 (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? _____
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

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



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