S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10151

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 417 So. Mattie 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country None

3. (a) PRINT FULL NAME Ada May 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 Everett Baker
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased October (Month) 6, (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
57	5	27	hr. min.

9. Birthplace Skidmore (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None
FATHER
12. Name George Bramble /
13. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Hanah Freeze
15. Birthplace Unknown (City, town, or county) Penna / (State or foreign country)
16. (a) Informant Everett Baker
(b) Address Maryville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 5, 1947 (Month) (Day), (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Price Funeral home
(b) Address 120 E. 1st, Maryville, Mo.
19. (a) 4-5-47 (Date received local registrar) (b) Bess Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd year 1947 hour minute M.
21. I hereby certify that I attended the deceased from 4/1, 1947, to 4/3, 1947 that I last saw her alive on 4/3, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetic Coma	3 days
Due to Diabetic Gangrene left foot	?
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 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature B. F. Bylund (M. D. or other) MD
Address Maryville Mo. Date signed 4/4/47

229 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....W L Gee.....

Licensed Embalmer No.....2539.....

P. O. Address.....Maryville 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.