

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12355

FILED APR 17 1947  
Registration District No. 20

Primary Registration District No. 3002

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 703-E Park St Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution same life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Maxine Baker

3. (b) If veteran, name war ✓

3. (c) Social Security No. E

4. Sex Female 5. Color or race negro  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased Feb. 28 1947  
(Month) (Day) (Year)

8. AGE: 77 Years Months 12 Days If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

12. Name Frank Christian

13. Birthplace MO (City, town, or county) (State or foreign country)

14. Maiden name Eliza Baker

15. Birthplace Aux Vasse (City, town, or county) (State or foreign country)

16. (a) Informant Eliza Baker mother

(b) Address 703 E Park St

17. (a) Mexico (b) Date thereof Apr 12 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Mexico MO

(a) Signature of funeral director Jackson Parker Funeral

(b) Address 402 So. Walnut St Mexico MO

19. (a) 4/12/47 (b) April 12 1947  
(Date received local registrar) (Date of death)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town Mexico (If outside city or town limits, write "RURAL")  
(d) Street No. 703 E Park (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th  
year 1947 hour 2:30 minute M

21. I hereby certify that I attended the deceased from April 9 1947 to April 9 1947  
that I last saw her alive on April 9 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Conjunctal test Dementia  
Conjunctal Dehility  
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) h  
(b) Date of occurrence h  
(c) Where did injury occur? h (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? h

While at work? h (Specify type of place) (e) Means of injury 0

23. Signature Harry J O'Brien (M. D. or other)  
Address Missouri Date signed 4/11-47

RECEIVED  
District Health Officer  
District File Number  
Date Filed

10 District Health Officer No.

STATEMENT BY LICENSED EMBALMER

District File Number 6472

Date Filed APR 15 1947

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,         

         Registered Apprentice No.           
working under my personal supervision.

Signed

*Shirley D. Parker*

Licensed Embalmer No. 2900

P.O. Address

*Columbia, Md.*

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.