—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 27 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28410

Registration District No. 226 — Primary Registration District No. 4338 — Registrar's No. 34

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Monroe City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: East Summer St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 Years years, months or days)

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

3. (a) PRINT FULL NAME ANNIE BAKER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Roy Baker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 4 (Day) 1874 (Year)

8. AGE: Years 73 | Months | Days 13 | If less than one day hr. min.

9. Birthplace Linn County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Henry Gains
13. Birthplace Linn County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emily Cavanall
15. Birthplace Linn County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Earl Buskner
(b) Address Monroe City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Holy Rosary; Monroe City
18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City Mo
19. (a) Aug 21 1947 (Date received local registrar) (b) Olive Little (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17 year 1947 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 20, 1946, 19..., to Aug. 17, 1947, 19...; that I last saw her alive on August 17, 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ureamia	3 da
Due to	
Due to	
Other conditions: Cerebral Hemorrhage (Include pregnancy within 3 months of death)	9 mo

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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

23. Signature [signature] (M. D.)
Address Monroe City, Missouri Date signed Aug. 19

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-47-1129
Date Filed AUG 25 1947

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.