

S. No. 2
4-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31934**

Registration District No. **243**

Primary Registration District No. **4364**

Registrar's No. **38**

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Stella
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cardwell Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald **60**

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Noel, Mo. R#
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Montez Edith Baker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Geo. D. Baker

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased September 12 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>10</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Daniel Long

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

14. Maiden name Mollie Titchener

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

16. (a) Informant Mrs John Kenney

(b) Address Mt Vernon, Mo. R#1

17. (a) Burial (b) Date thereof 8/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocky Comfort Cem.

18. (a) Signature of funeral director Wm. Morris O'Gone

(b) Address Wheaton, Mo.

19. (a) 9-9-47 (b) Alpha Dyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1947 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 20 1947 to July 27 1947
that I last saw her alive on July 28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Pelvis, crushed bladder & sigmoid, Peritonitis developed

Duration 8 days

Due to Peritonitis 4 days

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy 1702

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) accident

(b) Date of occurrence July 20 1947

(c) Where did injury occur? McDonald Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home on farm

While at work? yes (e) Means of injury per to house

23. Signature A. Cardwell (M. D. or other) _____

Address Stella Mo Date signed 8/28/47

RECEIVED

District Health Officer No. Newton

District File Number 947-187

Date Filed 9-15-47

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 Wm Morris Pope

Licensed Embalmer No. 34427

P. O. Address Wheaton, 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.