S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44266

Registration District No. 133 | Primary Registration District No. 3022 | Registrar's No. 100

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Bethany, Missouri.
(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 years, months or days)
In this community: All life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Harrison 41
(c) City or town: 1340 Miller St. Bethany, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Nellie Virginia Baker
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Coy E. Baker
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: October 26th., 1884 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	No	29	hr. min.

9. Birthplace: Jefferson Twp. Harrison Co., Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Samuel H. Hefner
13. Birthplace: West Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Milligan
15. Birthplace: Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant: Coy E. Baker
(b) Address: 1340 Miller St., Bethany, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 21 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Glaze Cemetery
18. (a) Signature of funeral director: E. J. Stoklasa
(b) Address: Cainsville, Mo.
19. (a) Dec 4-47 (Date received local registrar) (b) Zola Burress (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19 year 1947 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from Nov 15, 1947 to Nov 19 1947 that I last saw her alive on Nov 19 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intracranial hemorrhage	
Due to: Arteriosclerosis	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death):	
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: A. B. Shellock (M.D. or other) D.O.
Address: Bethany, Missouri. Date signed 11/21/47

Jefferson City Printing Co.

(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, by Eddie J. Stoklasa, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.