

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20114

Registration District No. 198

Primary Registration District No. 4311

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Mac on  
(b) City or town Callao  
(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  
In this community -- years, months or days)

3. (a) PRINT  
FULL NAME

Mary Jane Baker

3. (b) If veteran,  
name war --

3. (c) Social Security  
No. --

4. Sex Female 5. Color or White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if  
alive -- years  
7. Birth date of deceased 5-11-1855 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 11 17 hr. min.

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

10. Usual occupation Domestic

11. Industry or business

12. Name William Claybrooks  
13. Birthplace Mac on Coun ty, Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Melisa Lewis  
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant M. J. Baker  
(b) Address Callao Missouri

17. (a) Burial (b) Date thereof 5-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Callao Mo.

18. (a) Signature of funeral director M. J. Baker

(b) Address Bevier Missouri

19. (a) 7-6-48 (b) Josephine King  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mac on  
(c) City or town Callao Rural (If outside city or town limits, write "RURAL")  
(d) Street No. -- (If rural, give location)  
(e) Citizen of foreign country? -- (Yes or No)  
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 28  
year 48 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from April 28 1948 to May 28 1948  
that I last saw her alive on May 27 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Kidney Disease Duration 6 mo.  
Due to Insufficiency of old age

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

Major findings:  
Of operations NO  
Of autopsy NO  
PHYSICIAN 3B  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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?  
While at work? (Specify type of place) (e) Means of injury --

23. Signature Josephine King (M. D. or  
Address New Orleans Mo Date signed 5-30-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEPARTMENT OF HEALTH No. 10

7-48-7

JUL 14 1948

### 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.....

Licensed Embalmer No. 1961

P. O. Address. Bivins, Ma

**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.**