

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

20414

FILED JUL 12 1948

Registration District No. 290

Primary Registration District No. 4431

Registrar's No. 82

## 1. PLACE OF DEATH:

(a) County Pulaski  
 (b) City or town Dixon  
 (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 Entire lifetime  
 years, months or days

3. (a) PRINT  
FULL NAME Martha C. Baker3. (b) If veteran,  
name war.3. (c) Social Security  
No.4. Sex Female  
5. Color or race White6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife.  
Ed Baker6. (c) Age of husband or wife if  
alive 74 years7. Birth date of deceased. 2  
(Month)5  
(Day)1869  
(Year)

## 8. AGE:

Years

Months

Days

If less than one day

79429

hr.

min.

9. Birthplace Miller County  
(City, town, or county)Missouri  
(State or foreign country)10. Usual occupation Housewife

## 11. Industry or business.

12. Name Ellix Long13. Birthplace Missouri  
(City, town, or county)Missouri  
(State or foreign country)14. Maiden name Frances Keeth15. Birthplace Missouri  
(City, town, or county)Missouri  
(State or foreign country)16. (a) Informant Mr. Joe Long(b) Address Dixon, Missouri17. (a) Burial  
(Burial, cremation, or removal)(b) Date thereof 7/6/1948  
(Month) (Day) (Year)(c) Place: burial or cremation Dixon18. (a) Signature of funeral director Fred H. Gilbert  
(b) Address Dixon, Missouri19. (a) 7-8-48  
(Date received local registrar)(b) Helma C. Buckthorpe  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4  
year 1948 hour 10 minute 30 A. M.21. I hereby certify that I attended the deceased from May 26 1948 to June 25 1948  
er June 25th. 1948  
that I last saw him alive on June 25th. 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Apoplexy

Duration

15 daysDue to Hypertension

Due to

Other conditions Cardio-Renal condition  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 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?

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

23. Signature Dr. B. W. McEligan (M. D. or other)Address Dixon, Mo.Date signed 7/7/48

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

*Fred W. Gilbert*

Licensed Embalmer No.....

*2341*

P. O. Address.....

*Dixon, Missouri*

**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.**