No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 25 1948
Registration District No. 200

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5125

State File No. 26986
Registrar's No. 360

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Rural Hudson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Still-Hildreth Sanatorium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Livingston 59
(c) City or town Chillicothe, 1
(If outside city or town limits, write "RURAL")
(d) Street No. 730 Commercial 2 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Velma Catherine Baker
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Msrried
6. (b) Name of husband or wife Orville F. Baker
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased June (Month) 19 (Day) 1920 (Year)

8. AGE: Years 28 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Livingston Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Edward F. Cooper
13. Birthplace Livingston Co. (City, town, or county) Mo. (State or foreign country) 0
MOTHER
14. Maiden name Sadie Lamp
15. Birthplace Springhill, (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant O. F. Baker
(b) Address Chillicothe, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/8/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Meadville, Mo.
18. (a) Signature of funeral director Albert Skinner
(b) Address Macon, Mo.
19. (a) Aug 16/48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature) 85

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 8
year 1948 hour 4 minute 33 P M.
21. I hereby certify that I attended the deceased from ——, 19..., to ——, 19...;
that I last saw h... alive on ——, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Killed by wabash train Head crushed - abdomen crushed (verdict: 7 Jury) came to her death by her own hands. By placing her body on tracks in front of oncoming wabash train
Due to
Due to
Other conditions patient at Still-Hildreth Sanatorium
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
1647

Duration
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) Probably suicide
(b) Date of occurrence 7/8/48
(c) Where did injury occur? Macon (City or town) Macon (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on wabash RR. co tracks (Specify type of place)
While at work patient (e) Means of injury Killed
23. Signature H. G. Edwards Carrier (M. D. or other) 3
Address Bowles Mo Date signed 7/9/48

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

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 8-48-1
Date Filed AUG 23 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 Albert Skinner

Licensed Embalmer No. 751

P. O. Address Macon 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.