

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30216

State File No.

Registration District No. 169

Primary Registration District No. 4258

Registrar's No. 293

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Died on way to Gibson Hospital, Edina, Mo.
(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 Hazel Beula Baker

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edward Baker 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Dec - 28 - 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 9 17 hr. min.

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

10. Usual occupation Homekeeper

11. Industry or business

MOTHER FATHER { 12. Name Chester Harned
13. Birthplace Putnam County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Maudie Ripperadan
15. Birthplace Knox County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edward J. Baker
(b) Address Rutledge, Mo.

17. (a) Burial (b) Date thereof Sept-17-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rutledge, Mo.

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina, Mo.

19. (a) Sept-17-48 (b) Neil S. Nunn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
(c) City or town Rutledge rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles south west of Rutledge
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept - day 15
year 1948 hour 6 minute 30 A.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.....
Came to her death
by Peeping Roach
powder
mixed Roach powder with water
and drank it.

Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Sept-15-1948
(c) Where did injury occur Rutledge, Knox, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at farm home.

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

23. Signature Keith Hudson (M. D. or other) Coroner
Address Edina, Missouri Date signed 9-17-48

OCT 21 1948

RECEIVED
District Health Officer No. 10
District File Number 948-1645
Date Filed SEP 20 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 Kath. Hudson
Licensed Embalmer No. 2415
P. O. Address Edina, 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.