

REC'D AUG 26 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26669
Do not use this space.

1. PLACE OF DEATH *Stoddard* ²
(a) County *Stoddard* Registration District No. *838*
(b) Township *Liberty* Primary Registration District No. *6098B*
(c) City *Dexter R.F.D.* (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Sarah E. Baker* ²⁶⁰
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F.* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Frank Baker (Deceased)*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 22 1855*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 4 2
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Shaver Co. Kentucky*

FATHER 13. NAME *Huey Hamblott*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

MOTHER 15. MAIDEN NAME *Rebecca Dalboth*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

17. INFORMANT (ADDRESS) *R. L. Hamblott*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Hairoign* DATE *6/26 38*

19. FUNERAL DIRECTOR (ADDRESS) *Shibbald Undertaking Co.*
Bloomfield Mo.

20. FILED *8/10 38* *Dexter R.F.D.* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 24, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *June 20, 1938, to June 24, 1938*

I last saw him/her alive on *June 20, 1938* Death is said

to have occurred on the date stated above, at *4:50 a.m.*

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

None

Name of operation *None* Date of _____

What test confirmed diagnosis? *Phys. Ex.* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *No* Date of injury _____, 19____

Where did injury occur? *No*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *None*

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *W. C. Dieckman*, M. D.

(Address) *W. C. Dieckman, M. D.*
Dexter, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)