N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D FEB 24 1939

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

3055
Do not use this space.

1. PLACE OF DEATH
(a) County Marion
(b) Township Mason
(c) City Hannibal
Registration District No. 547
Primary Registration District No. 3029 Registered No. 3
(d) Street No. St Elizabeths Hospital 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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Betty Easton Baker.
(a) Residence, No. St. Monroe City Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin F. Baker.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5th 1903
7. AGE: YEARS 35 MONTHS 7 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as saw mill, bank, etc. General House
10. Date deceased last worked at this occupation (month and year) work
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Mo.

FATHER
13. NAME Joe Eston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Mo

MOTHER
15. MAIDEN NAME Emma Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Mo.

17. INFORMANT (ADDRESS) Benjamin F Baker Monroe City
18. BURIAL, CREMATION, OR REMOVAL PLACE St Judes Cemetery DATE Dec 29th 1938 Monroe City Mo
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son Monroe City Mo
20. FILED Dec 28 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1938 to Dec 27, 1938
I last saw her alive on Dec 27, 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia — Date of onset 12/23 1938
Other contributory causes of importance: 10 8
Name of operation No Laboratory or Physical Findings
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (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 None
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature] M. D.
(Address) 438 Monroe City Mo

(Licensed Embalmer's Statement on Reverse Side)

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 O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.