

1939 MAR 9

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

5871  
Do not use this space.

1. PLACE OF DEATH *Boone* 2  
(a) County *Boone* Registration District No. *73*  
(b) Township *Columbia* Primary Registration District No. *3006* Registered No. *40*  
(c) City *Columbia* (d) Street No. *307 Waugh St* 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 *MARIA FRANCES BAKER*  
(a) Residence, No. *307 Waugh St.* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *James M Baker*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7-16-1850*

7. AGE YEARS *88* MONTHS *7* DAYS *11* If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *at home*  
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) *Virginia*

FATHER  
13. NAME *George Woodward*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

MOTHER  
15. MAIDEN NAME *Mary Maddox*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

17. INFORMANT (ADDRESS) *Bettie Mae Baker 307 Waugh, Columbia Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Columbia Cem* DATE *2-18 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Garrers Columbia, Mo*

20. FILED *2/18/39* *Allie Selby* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-17-1939*

22. I HEREBY CERTIFY, That I attended, deceased from *Jan 21 1939 to Feb 16 1939*  
(Last saw him alive on *Jan 21 1939* Death is said to have occurred on the date stated above, at *home*  
The principal cause of death and related causes of importance were as follows:  
*Coronary Thrombosis* Date of onset *94 10'*

Other contributory causes of importance:  
*Peccility - Arterio-sclerosis*

Name of operation ..... Date of .....  
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 .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....  
(Signed) *[Signature]* M. D.  
(Address) *Columbia Mo*

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.

17 APR 1955

MAR 14 1955

**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, ~~and~~.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *M. W. Whitfield*.....

Licensed Embalmer No. *3893*.....

P. O. Address *Calverton*.....

**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, above space should be left blank.**