

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.

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1301**

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution two days
 (Specify whether
 In this community Forbes
 years, months or days)

3. (a) PRINT FULL NAME Mrs. Ava Baker 260

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Jobe Baker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 20 1875
 (Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 23
 If less than one day _____ hr. _____ min.

9. Birthplace Holt County Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Anderson Baker

13. Birthplace unknown Ind.
 (City, town, or county) (State or foreign country)

14. Maiden name Elyza Noon

15. Birthplace unknown Ind.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Helen Taylor

(b) Address Wathen Kansas

17. (a) Forbes mo (b) Date thereof Dec. 19 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forbes mo

18. (a) Signature of funeral director J. Fred Terburn
 (b) Address Savannah mo

19. (a) Dec 16 1939 (b) J. G. Neelbush
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
 (c) City or town Forbes mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. X
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 17 1939
 year 5 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 15 1939,
 to Dec 17 1939
 that I last saw him alive on Dec 17 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Liver Duration 6 months

Two days in Methodist Hospital
 Due to _____

Due to _____

Other conditions 46
 (include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) _____ (e) Means of injury _____

23. Signature J. G. Neelbush (M. D. or other) 1
 Address 225 Charles Date signed Dec 16 1939

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

J. Fred Turkum

Registered Apprentice No. *1279*

working under my personal supervision.

Signed *J. Fred Turkum*

Licensed Embalmer No. *1279*

P. O. Address *Sarasota*

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.