

FILED FEB 16 1940

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 8

1. PLACE OF DEATH

(a) County Johnson
 (b) City or town Warrensburg Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Warrensburg Clinic 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 4 1/2 yrs.
 years, months or days

3. (a) PRINT FULL NAME Mabel Louise Baker M. O.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John S. Baker 6. (c) Age of husband or wife if alive _____ years
 Birth date of deceased Jan - 21 - 1898
 (Month) (Day) (Year)

8. AGE: Years 41 Months 11 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name L. K. Spicer
 18. Birthplace Breckinridge Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Alice Woodruff
 15. Birthplace Caldwell Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John S. Baker
 (b) Address 607 Jefferson Warrensburg Mo

17. (a) Burial (b) Date thereof Jan - 14 - 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pola

18. (a) Signature of funeral director Sweeney Phillips
 (b) Address Warrensburg Mo.

19. (a) Jan 12 - 1940 (b) Eva Fleming
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
 (c) City or town Warrensburg -
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 1940
 year _____ hour 12 minute 50 A. M.
 21. I hereby certify that I attended the deceased from Dec 24
 _____, 1939, to 1-12, 1940
 that I last saw her alive on 1-12, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from Colon Duration 24 hrs.
 Due to Ulcerative Colitis 2 yrs.
(at intervals)

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy Ulcerative Colitis
 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?

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature R. Lee Cooper (M. D. or other) _____
 Address Warrensburg Mo Date signed 1-12-40

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.

MAR 30 1956

RECEIVED
District Health Officer No. 8,
District File Number
ms/40
the filed

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 Earl Priest, Registered Apprentice No. _____ working under my personal supervision.

Signed Earl Priest
Licensed Embalmer No. 3878
P. O. Address Warrensburg, 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, above space should be left blank.