

No. 2
13-40
17-39

JUN 21 1940

Registration District No. **548**

Primary Registration District No. **4323**

1. PLACE OF DEATH: **Marion**
 (a) County **Marion**
 (b) City or town **Palmyra**
 (c) Name of hospital or institution: **2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **82 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Marion**
 (c) City or town **Palmyra** (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.

3. (a) PRINT FULLNAME **Anna Mary Baker** **260**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: **July** day **4** year **1940** hour **3** minute **8** M.

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Divorced**
 6. (b) Name of husband or wife **James Baker** 6. (c) Age of husband or wife if alive **1858** years
 7. Birth date of deceased: (Month) **X** (Day) **X** (Year) **1858**

21. I hereby certify that I attended the deceased from **June 21** 19**40** to **July 4** 19**40** that I last saw her alive on **July 2** 19**40** and that death occurred on the date and hour stated above.

8. AGE: Years **82** Months **X** Days **X** If less than one day hr. _____ min. _____

Immediate cause of death **Uremia**
Arteriosclerosis
Chronic nephritis
& fractured hip.

9. Birthplace **Marion county Missouri** (City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation **At Home**

Other conditions (Include pregnancy within 3 months of death) **1940**

11. Industry or business _____

Major findings: Of operations **10**

12. Name **Nete Nichols**

Of autopsy _____

13. Birthplace **No record** (City, town, or county) (State or foreign country)

14. Maiden name **No record**

15. Birthplace **No record** (City, town, or county) (State or foreign country)

16. (a) Informant **Carlson Baker**

(b) Address **Palmyra, Mo.**

17. (a) **Burial** (b) Date thereof **7/6/40** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Palmyra Cemetery**

18. (a) Signature of funeral director **Levin Brock** (b) Address **Palmyra, Mo.**

19. (a) **July 5-1940** (b) **Estimide Lee** (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Accident**
 (b) Date of occurrence **June 21, 1940**
 (c) Where did injury occur **Palmyra Marion Mo.** (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? **no** (Specify type of place) (e) Means of injury **Fell**

23. Signature **M.D. J. A. Keel M.D.** (M. D. or other) **M.D.**

Address **Palmyra, Mo.** Date signed **7/5/40**

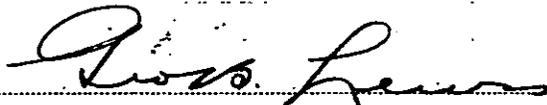
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 ^{XXX}.....

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

Signed .....

..... Licensed Embalmer No. 2382

..... P. O. Address Palmyra, 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, fact should be so stated above.