

S. No. 2
M-5-43
7-5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6546

FILED MAR 15 1944

State File No. 216

Registration District No. 4004

Primary Registration District No. 1000

Registrar's No. 216

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:
1617 Belle
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
In this community 11 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1617 Belle
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DIXIE IREAN BAKER

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased Feb. 17 1944
(Month) (Day) (Year)

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

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name John Eugene Baker

13. Birthplace Elbert county Colorado
(City, town, or county) (State or foreign country)

14. Maiden name Shirley L. Colbert

15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John E. Baker

(b) Address 1617 Belle

17. (a) burial (b) Date thereof 3/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn

18. (a) Signature of funeral director Walter Beebe + Bowman

(b) Address 319 South 10th

19. (a) 2/29/44 (b) Roe Helgoy
(Date received local registrar) (Registrar's signature)

1033

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1944 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from 2-17-44
to 2-27-44
that I last saw her alive on 2-27-44
and that death occurred on the date and hour stated above.

Immediate cause of death Spina bifida occulta
hydrocephalus
Due to Congenital
Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 157K

Of autopsy.....

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 2

23. Signature R. L. Hargis or other DS
Address 8015 Marquette St. Date signed 2-29-44
St Joseph Mo

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

801 W. 7th Ave

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.....
Licensed Embalmer No. 1710
P. O. Address St. Joseph 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.