

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19945  
Registrar's No. 499

**FILED** JUN 11 1946

Registration District No. 2000 Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Springfield City Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether in this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Bertha Tennessee 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 Married

6. (b) Name of husband or wife R. B. Baker

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 23, 1883  
(Month) (Day) (Year)

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

62 9 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name (unk.) Smith

13. Birthplace unk. Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Martha (unk.) Unknown  
(City, town, or county) (State or foreign country)

15. Birthplace unk. Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph B. Baker

(b) Address 849 Concord, Springfield Mo.

17. (a) Burial (b) Date thereof 6-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moppa Park

18. (a) Signature of funeral director W. J. Ingwert  
Springfield, Mo.

(b) Address \_\_\_\_\_

19. (a) 6-11-46 (b) W. H. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No. 863 N. Campbell Ave., 6  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 10  
year 1946 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 8 1946 to June 10 1946  
that I last saw her alive on June 8 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Cachexia, progressive  
Due to \_\_\_\_\_

Duration  
2 days  
1 mo.

Due to Carcinoma of breast with metastasis  
Due to \_\_\_\_\_

6 mos.

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 50

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Don J. Silaby (M. D. or other) M.D.  
Address Springfield, Mo. Date signed 6-10-46

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LV

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 Walter Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

**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.**