

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5981
Do not use this space.

1. PLACE OF DEATH
 (a) County Bates Registration District No. 50
 (b) Township _____ Primary Registration District No. 3004
 (c) City Butler (d) Street No. Butler Hospital (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME Frank Lee Blanken Baker 452 1st St.
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A: IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr F L Blanken Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1872

7. AGE YEARS 65 MONTHS 4 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Low Oak Bates Co Mo.

FATHER
 13. NAME C C Blanken Baker 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Bonneville Missouri 0

MOTHER
 15. MAIDEN NAME Mary E White
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenny Co Missouri

17. INFORMANT Mrs F L Blanken Baker
 (ADDRESS) Butler Mo R.F. 10

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Hill DATE Feb. 22 1938

19. FUNERAL DIRECTOR Culver's
 (ADDRESS) Butler Mo

20. FILED Feb 22 1938 Mrs L Culver
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1938 to Feb 18 1938
 I last saw him alive on Feb 18 1938. Death is said to have occurred on the date stated above, at 12 P. m.
 The principal cause of death and related causes of importance were as follows:

Labor Pneumonia (Right)
105

Date of onset _____

Other contributory causes of importance:
Chronic Myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Culver's _____, M. D.
 (Signed) _____ (Address) Butler, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

DOM-7-37 I X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Mary G. Newell, Licensed Embalmer No. 3117

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Mary G. Newell

Licensed Embalmer No. 3111

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.)