

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

33052
Do not use this space.

REC'D OCT 25 1938

1. PLACE OF DEATH

(a) County Pike Registration District No. 689
 (b) Township Buffalo Primary Registration District No. 3033 Registered No. _____
 (c) City Remound (d) Street No. Pike Co. Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

HENRY SIMPSON BAKER 260
 (a) Residence, No. FRANKFORD 1 St. MO
 (Usual place of abode, if no street address, write county or city) (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) DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Anna Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-5-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 0 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm
 9. Industry or business in which work was done, as saw mill, bank, etc. laborer
 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) Remound Mo

FATHER 13. NAME Hiram Baker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant Co, Ky

MOTHER 15. MAIDEN NAME Frances Coyle
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant Co, Ky

17. INFORMANT (ADDRESS) Henry Baker
Curryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Curryville Mo DATE 9-17-38

19. FUNERAL DIRECTOR (ADDRESS) Mrs. Grace Bransford
Boonville Green Mo

20. FILED 9.17.38 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16-38

22. I HEREBY CERTIFY, That I attended deceased from 9-10-38, 1938, to 9-16-38, 1938.
 I last saw him alive on 9-16-38 Death is said to have occurred on the date stated above, at 12:15 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon

Other contributory causes of importance: No

Name of operation _____ Date of 9-14-38
 What test confirmed diagnosis? _____ Was there an autopsy? no

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 _____ (Signed) H. Bransford M. D.
620 (Address) Boonville Green Mo

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.

District Officer No. 10
District File Number 10-38-330
Date Filed 10-18-38

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____, L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)