

REC'D JAN 20 1938

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

42203

Do not use this space.

1. PLACE OF DEATH

(a) County Audrain  
(b) Township Loutre  
(c) City Benton City  
(e) Length of residence in city or town where death occurred 6 yrs. 0 mos. ds.

Registration District No. 23  
Primary Registration District No. 5132a

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Henry Baker

(a) Residence, No. Benton City, Mo. St. ☐  
(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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie T Baker  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 4 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Contractor  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) Marietta, Ohio

13. NAME John B. Baker  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Catherine Stumpf  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Catharine M. Baker  
623 Washington Ave. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton City, Mo DATE Dec. 16, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.A. Precht & Son  
Mexico, Mo.

20. FILED Dec 16 1938 Wesley Hutcherson  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15, 1938  
22. I HEREBY CERTIFY, That I attended deceased from 12-13, 1938, to 12-15, 1938  
I last saw him alive on 12-15, 1938 Death is said to have occurred on the date stated above, at 9:45 A.M.  
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia  
Myocarditis  
Date of onset 12-10-38  
Other contributory causes of importance:

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? No  
If so, specify \_\_\_\_\_  
(Signed) S. J. Byland, M. D.  
(Address) W. H. Byland

Oby funeral

RECEIVED

District Health Officer No. 10

District File Number 10-38-830

Date Filed 1/11/39

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,

Earl E. Precht

, or by

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

Signed

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address

Meriden 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, above space should be left blank.