

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.

199  
RECD MAR 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
2  
CERTIFICATE OF DEATH

6185  
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 162  
(b) Township 150 Primary Registration District No. 5227  
(c) City Peculiar (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 30 yrs. moa. da. (f) How long in U. S., if of foreign birth? yrs. moa. da.

2. PRINT FULL NAME

JOEL H. BAKER  
(a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Baker  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1847  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
92 - 11

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Widow - Retired  
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) Cassy Co Ky

FATHER  
13. NAME Ellis Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER  
15. MAIDEN NAME Arena F. Ellis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mary Crutchfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Peculiar Cemetery DATE 2/27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) RUNNENBURGER'S  
HARRISONVILLE, MO.

20. FILED 2/27 1939 Master V. Bollman  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25 1939

2. I HEREBY CERTIFY, That I attended deceased from February 22 1939, to February 24 1939  
I last saw him alive on February 24 1939. Death is said to have occurred on the date stated above, at 6:30 A. m.

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

chronic myocarditis  
93 C

Other contributory causes of importance:

Edema Lung  
relaxation heart  
brillity

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 \_\_\_\_\_, 1939

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) Master V. Bollman M. D.

(Address) Peculiar, Missouri

**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 Ernest R. Reunburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.**