

DEC 8 MAR 8 1939

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

7021
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
(b) Township Aurora Primary Registration District No. 4280 Registered No. 8
(c) City Aurora, Mo. (d) Street No. _____
(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

(a) Residence, No. 729 Bruffell Ave., Aurora, Mo. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cara Baker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1873
7. AGE YEARS 66 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Indiana
13. NAME John Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Susan Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Cara Baker (ADDRESS) 729 Bruffell Ave., Aurora, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE To F - Mansfield, Mo. DATE Feb 14 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cecar L. Marshy, Mgr., Aurora Funeral Home, Aurora, Mo.
20. FILED 2-28 1939 R. D. Cowan, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12 193922. I HEREBY CERTIFY, That I attended deceased from 10-28 1938, to 2-13 1939I last saw him alive on 1-18 1939. Death is said to have occurred on the date stated above, at 6:45 A.M.

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

Cerebral HemorrhageDate of onset
2-1-38

Other contributory causes of importance:

Arteriosclerosis
Cardiac hypertrophy
General Spindling

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? Yes23. 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) C. E. Bennett, M. D.(Address) Aurora, Mo.

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,

Myself

or by

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

Signed

Esau L. Marsh

Licensed Embalmer No.

3812

P. O. Address

Aurora, 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.