

JUL 17 1939

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

21832
Do not use this space.

1. PLACE OF DEATH
(a) County Madair Registration District No. 168
(b) Township 2 Primary Registration District No. 4095 Registered No. 43
(c) City Eldorado Spgs, Mo. (d) Street No. _____ 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. 14 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Abner Baker
(a) Residence, No. _____ St. Coffeeville, Kansas
(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
Gertrude Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 3 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. merchant
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) Feb. 1939 11. Total time (years) spent in this occupation. 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME Eliza Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Fontenoy

MOTHER 15. MAIDEN NAME Almira Claus

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

17. INFORMANT (ADDRESS) E. E. Davis
Coffeeville, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Coffeeville Kan DATE 6-19-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guinn - Siders
Eldorado Springs Mo

20. FILED 6-17-1939 W. Dawson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17/39

22. I HEREBY CERTIFY, That I attended deceased from 6/13 39 to 6/17/39 1939

I last saw him alive on 6/17/1939 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:

Carcinoma of Head of Pancreas
o Metastases.

Date of onset

?
4/11/39

Other contributory causes of importance:
Chronic Myocarditis
Decompensation

Name of operation none Date of _____

What test confirmed diagnosis? abomination 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? NO

If so, specify _____

(Signed) W. J. McGee, M. D.

(Address) Eldorado Springs, Mo.

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.

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RECEIVED

District Health Officer No. 7;

District File Number 7-39-1025-

Date Filed 7-13-39

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, or by me

Registered Apprentice No. ~~330~~

working under my personal supervision.

Signed A. B. Sellers

Licensed Embalmer No. 3250

P. O. Address Edwards & Sons, Inc.

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.