

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.

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

23458

Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 852
(b) Township Polk Primary Registration District No. 6120
(c) City Millan (d) Street No. _____
(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

(a) Residence, No. Millan, 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 Alphia Baker
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1886

7. AGE YEARS 52 MONTHS 11 DAYS 14 If LESS than 1 day, _____ hrs. or _____ mts.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R. R. Mechanic
9. Industry or business in which work was done, as saw mill, bank, etc. Retired.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Sullivan Co., Missouri
(STATE OR COUNTRY)

FATHER 13. NAME J. Palmer Baker

14. BIRTHPLACE (CITY OR TOWN) Sullivan Co., Missouri
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (CITY OR TOWN) Sullivan Co., Missouri
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) J. Palmer Baker
Millan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Asbury Cem. Millan DATE June 11, 1939

19. FUNERAL DIRECTOR C. P. Schoene
(ADDRESS) Millan, Mo.

20. FILED June 20, 1939 Geo Hagan
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1939

22. I HEREBY CERTIFY that I attended deceased from _____, 1938, to June 8, 1939

I last saw him alive on June 8, 1939. Death is said to have occurred on the date stated above, at _____ m.

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

Addison's disease
(Probably due to T. B.)
One lung previously operated,
probably for T. B.

Date of onset
1935

Other contributory causes of importance: 31

Name of operation _____ Date of _____

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? No

If so, specify _____

(Signed) J. S. Montgomery, M. D.

(Address) Millan, Mo.

RECEIVED

District Health Officer No. 10

District File Number 7-39-1302

Date Filed JUL 15 1939

STATEMENT BY LICENSED EMBALMER

I, Frank D. Schoene, Licensed Embalmer No. 2016

hereby certify that the body recorded on the reverse side of this certificate was embalmed by same

— L. E. —

No. — or by — Registered Apprentice No. —

working under my personal supervision.

Signed

Frank D. Schoene

Licensed Embalmer No. 2016

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.)