

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.

OCT 18 1939

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

33667
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 831
(b) Township Black Creek Primary Registration District No. 6092
(c) City _____ (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(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 Mary McEleghan Baker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-8-1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 25
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) Shelby Co. Mo.

13. NAME George Baker

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

15. MAIDEN NAME Rebecca Moore

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

17. INFORMANT (ADDRESS) Mrs. Elmer Smith
Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cemetery DATE Oct-5-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. P. Thompson
Shelbyville, Mo.

20. FILED Oct 5 1939 Pearl Gae Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-3-1939

22. I HEREBY CERTIFY, That I attended deceased from saw him, 19 Oct 3, 19 1939
I last saw him alive on Oct 3, 1939 Death is said to have occurred on the date stated above, at about 3 PM
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage?
Prophylaxis
\$200

Other contributory causes of importance: Death was sudden

Name of operation none Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? yes
If so, specify _____
(Signed) H. D. McEwen, M. D.
(Address) Shelbyville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1807

Date Filed OCT. 11 1939

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.....

E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, Ky.

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.