

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
 BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

36541

State File No. _____

Registration District No. 486

Primary Registration District No. 4293

Registrar's No. 28

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Elberry
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Forty years (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Peak Baker 260
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Car Baker 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased April 8 1861 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Green Hill (City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker
 11. Industry or business Shop work

12. Name George Baker
 13. Birthplace Hill
 14. Maiden name Abigail Powell
 15. Birthplace Hill

16. (a) Informant's own signature Abigail Powell
 (b) Address Elberry

17. (a) Burial (b) Date thereof Oct 6 - 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elberry Cemetery

18. (a) Signature of funeral director W. W. Bradlee
 (b) Address Elberry

19. (a) Oct 6 - '39 (b) Etta Powell
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Linn
 (c) City or town Elberry
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct, day 4, year 1939 hour 4 minute P. M.
 21. I hereby certify that I attended the deceased from Feb 21st, 1939 to Oct 4th, 1939
 that I last saw him alive on Sept 22, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Died suddenly Duration _____

Due to Valvular deficiency of Heart

Due to Cardio-Nephritic disease

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. V. Keeling (M. D. or D. V. M.)
 Address Elberry, Mo. Date signed 10-6-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

REV. 5-17-39
 FORM 1 X1931

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 W.H. Bradley

Licensed Embalmer No. 3966

P. O. Address Elkberry

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.