DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6144

FILED MAR 11 1940

Registration District No. 104 — Primary Registration District No. 3008 — Registrar's No. 67

1. PLACE OF DEATH:

(a) County CALLAWAY

(b) City or town FULTON (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 906 Nichols 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

(c) City or town FULTON (If outside city or town limits, write "RURAL")

(d) Street No. 906 Nichols (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JAKE EDWARD BACKER

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 JENNIE TAYLOR

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased DEC. (Month) 7 (Day) 1861 (Year)

8. AGE: Years 78 Months 2 Days 22 If less than one day hr. min.

9. Birthplace FULTON (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name JOHN BACKER
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name KATHRYN GATES
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant's own signature David M Backer

(b) Address 906 Nichols

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 2. 1940 (Month) (Day) (Year)

(c) Place: burial or cremation HILL-CREST FULTON

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 700 Court Fulton, Mo.

19. (a) Mar. 1, 1940 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 29 year 1940 hour about 11 minute P. M.

21. I hereby certify that I attended the deceased from Feb 24, 1940, to Feb 28, 1940 that I last saw him alive on Feb 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to Cardiac Decompensation or myocarditis.

Due to

Other conditions (Include pregnancy within 3 months of death) 93 D

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. N. Crews (M. D. or other)

Address Fulton Mo Date signed 3/1/40

(Licensed Embalmer's Statement on Reverse Side)

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.

X19311

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 John D. Batchelder, Registered Apprentice No. 192 working under my personal supervision.

Signed Glen G. Maryan

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.