DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1940

Registration District No. 408

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11279

Primary Registration District No. 3020

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: McCune Brooks Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days) 1

In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Maiden Lane (If rural, give location)

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

3. (a) PRINT FULL NAME John Franklin Baker

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dolly Baker

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

7. Birth date of deceased Mar. (Month) 30 (Day) 1871 (Year)

8. AGE: Years 68 Months 11 Days 19 If less than one day ___ hr. ___ min.

9. Birthplace Everton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Merchant

11. Industry or business 2nd Hand Furn & Hdw

FATHER
12. Name Porter Baker
13. Birthplace Unknown (City, town, or county) Penn (State or foreign country)

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

16. (a) Informant's own signature Dolly Baker

(b) Address Jasper Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation Miller Mo

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper Mo

19. (a) Mar. 19, 1940 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1940 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan. 8, 1940, to March 19, 1940; that I last saw him alive on March 18, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	4 wks.
Due to: Chronic myocarditis	?
Auricular flutter	4 wks.
Due to	
Other conditions: Diabetes mellitus (Include pregnancy within 3 months of death)	?

Major findings:
Of operations 59
Of autopsy

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? 865 (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas. H. Isbell Jr. (M. D. or other) M.D.

Address Jasper, Mo. Date signed 3/19/40

(Licensed Embalmer's Statement on Reverse Side)

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 I X19511

RECEIVED
District Health Officer No. 6,
District File Number 4240-1171
Date Filed APR 1 5 1940

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 Thos. J. Teeter, Registered Apprentice No. _____, working under my personal supervision.

Signed Thos. J. Teeter

Licensed Embalmer No. 2566

P. O. Address Jasper 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.