

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 274

Primary Registration District No. 4-3-38-571

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Monteau

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

(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Monteau

(c) City or town Rural  
(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.

3. (a) PRINT FULL NAME August Jacob Baker

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white

6. (a) Single, wid, ~~wed~~, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased aug 8 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 7 29 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Jacob Baker

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Miss Haue

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Martha Baker

(b) Address Laguardia mo

17. (a) Burial (b) Date thereof 4-19-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coedagan cemetery

18. (a) Signature of funeral director C. Albert Hornbeck

(b) Address Prairie Home mo

19. (a) April 18 1946 (b) Abbe Ozual  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 7 year 1946 hour 8 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Apr 1, 1939 to Apr 8, 1946  
that I last saw him alive on Apr 4, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Stenosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Operation Jan 1-1940

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 50%  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A L Wurdeth (M. D. or other) Phys

Address Prairie Home Mo Date signed 6-9-46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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.

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.....

C. Albert Hornbeck....., Registered Apprentice No.....  
working under my personal supervision.

Signed C. Albert Hornbeck.....

Licensed Embalmer No. 2714.....

P. O. Address Prarie Home 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.**