

MAY 1 1945

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

15811

Do not use this space.

1. PLACE OF DEATH

(a) County Platte

Registration District No. 691

(b) Township _____

Primary Registration District No. 443441

Registered No. 99

(c) City Camden Point

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(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. Camden Point Mo.

St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Susan Baber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 10 - 1862

7. AGE

YEARS

77

MONTHS

10

DAYS

12

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as saw mill, bank, etc.

Farmer

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)

Platte Co. Missouri

13. NAME

Robert Baber

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

Kentucky

15. MAIDEN NAME

Emma Kinship

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

Kentucky

17. INFORMANT (ADDRESS)

Susan Baber Camden Point Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Smith Cem.

DATE

Apr 24th 1945

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Levi Davis Dearborn Mo.

20. FILED

Apr 22 1945 C. R. Hull

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Apr 22nd 1945

22. I HEREBY CERTIFY, That I attended deceased from

January 1, 1938, to April 22, 1945

Last saw him alive on April 21, 1945 Death is said

to have occurred on the date stated above, at 2:15 p. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis and Myocarditis (chronic)

Date of onset

12-34

1934

Other contributory causes of importance:

94 W

Name of operation

None

Date of

What test confirmed diagnosis?

Phys.

Was there an autopsy? no

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? no

If so, specify

(Signed) S. L. Dushorn

M. D.

(Address) Dearborn, Mo.

RECEIVED
District Health Officer No. 11,
District File Number 540-625
Date Filed MAY 6 1949

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. B. Benton

Licensed Embalmer No. 3149

P. O. Address Benton 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.