

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18149

FILED JUN 8 1940

Registration District No. 1275

Primary Registration District No. 5246

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Chariton (Rural) / Bee Branch
(b) City or town _____
(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

3. (a) PRINT FULL NAME Benjamin Franklin Baker

8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mattie Baker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 3 - 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace don't know Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Hezekiah Baker

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

14. Maiden name Rebecca Daville

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

16. (a) Informant's own signature Mary Cullen

(b) Address New Cambria Mo

17. (a) Burial (b) Date thereof May 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Cambria

18. (a) Signature of funeral director Joe Mclaughlin

(b) Address Marysville Mo

19. (a) 571940 (b) W. H. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton
(c) City or town Chariton Co 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1940 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from May 18, 1940, to _____, 19____;
that I last saw him alive on dead 5-18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

gun shot wound in mid abdomen

Due to 12 - shot gun

Due to accident - climbed over wire fence

Other conditions _____

(Include pregnancy within 3 months of death) 184

Major findings: _____

Of operations _____

Of autopsy no

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) accident

(b) Date of occurrence probable 5-16-1940

(c) Where did injury occur? in woods 200 yds west of Salisbury (City or town) Chariton Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on his farm, probably hunting

While at work? _____ (Specify type of place) (f) Means of injury _____

23. Signature W. H. ... (M. D. or other) _____

Address Salisbury Mo Date signed 5-19/40

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.

RECEIVED
District Health Officer No. 8,
Municipal File Number
Date Filed 6-5-40

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 Blanche M. Tang

Licensed Embalmer No. 19109

P. O. Address Marceline

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.