

FILED AUG 9 1940

No. 2
11-10-39
1-17-39
I X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25170

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

556

I. PLACE OF DEATH:

(a) County GREENE
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1015 N. FREEMONT 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 710

3. (a) PRINT FULL NAME PHILANDER. R. BAKER.3. (b) If veteran, name war. no. 3. (c) Social Security No. no.4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dec. years 18537. Birth date of deceased June 2 - (Month) (Day) (Year)8. AGE: Years 87 Months 2 Days _____ If less than one day hr. _____ min. _____9. Birthplace Shelby Co. Ohio. (City, town, or county) (State or foreign country)10. Usual occupation Retired Laborer11. Industry or business Laborer12. Name Barnabas Baker13. Birthplace Unknown N. Y. (City, town, or county) (State or foreign country)14. Maiden name Elizabeth Anderson15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)16. (a) Informant J. C. Baker(b) Address Springfield, Mo.17. (a) Rural (b) Date thereof July 5 1940 (Month) (Day) (Year)(c) Place: burial or cremation Sanborn18. (a) Signature of funeral director J. W. Klingner(b) Address Springfield, Mo.19. (a) July 5, 1940 (b) W. E. Haudley (Registrar's signature)(c) Address Springfield (d) Date signed 7/6/40

(Note received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1015 N. Freemont
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th year 1940 hour 2 minute 45 A. M.21. I hereby certify that I attended the deceased from 6/22 - 40 to 7/3, 1940that I last saw him alive on 7/3, 1940 and that death occurred on the date and hour stated above.Immediate cause of death Retention of Urine Duration _____infected - kidneysDue to Hypertrophy Prostate

Due to _____

Other conditions (include pregnancy within 3 months of death) 139

Major findings: 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? ASUSignature W. E. Haudley (M. D. or other) _____Address Springfield Date signed 7/6/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9
3
6

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.....

Agile Salane Jr.

Registered Apprentice No. *232*

working under my personal supervision.

Signed.....

Roy A. Ibarra

Licensed Embalmer No. *1763*

P. O. Address.....

Springfield M.

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.