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7-39
X23139

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39547**

Registration District No. **739**

Primary Registration District No. **4438**

Registrar's No. _____

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County **RANDOLPH**
(b) City or town **HUNTSVILLE**
(If outside city or town limits, write "RURAL" and name of 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 **2**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **Randolph**
(c) City or town **Huntsville**
(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 **Nov. 11** day _____
year **1940** hour **1** minute **15 A.M.**
21. I hereby certify that I attended the deceased from **Aug**
2, 19**40**, to **Nov. 11**, 19**40**
that I last saw him alive on **Nov. 11**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute bacterial pneumonia
Chronic interstitial nephritis
Due to **Metrol, Regurgitation**
Chronic Prostatitis
Other conditions **Chronic Secretory Pneumonia**
(Include pregnancy within 3 months of death)

Duration
3 days
6 months
Small years
6 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature **D. H. Johnson** (M. D. or other) **MD**
Address **Huntsville Mo.** Date signed **11/30/40**

3. (a) PRINT FULL NAME **GEORGE W. BAKER**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **DORA BAKER** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **OCT. 25 1869**
(Month) (Day) (Year)

8. AGE: Years **71** Months **0** Days **16** If less than one day hr. _____ min. _____

9. Birthplace **MACON COUNTY** (City, town, or county) (State or foreign country) **V**

10. Usual occupation **FARMER**

11. Industry or business _____

12. Name **JAMES BAKER** **15**

13. Birthplace **MACON COUNTY** (City, town, or county) (State or foreign country) **1**

14. Maiden name **HUBBA ROBERTS**

15. Birthplace **MACON COUNTY** (City, town, or county) (State or foreign country) **1**

16. (a) Informant **Mrs Dora Baker**
(b) Address **Huntsville Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov 12, 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Huntsville Mo**

18. (a) Signature of funeral director **Tom S. Patton**
(b) Address **Huntsville Mo**

19. (a) **12-2-1940** (Date received local registrar) (b) **md. D. A. Barnhart** (Registrar's signature)

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

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.....

Tom B. Patton

Licensed Embalmer No.....

3914

P. O. Address.....

Huntsville, TN

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, fact should be so stated above.

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7-39
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Registration District No. 733

Primary Registration District No. 4438

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Huntsville
(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)

3. (a) PRINT FULL NAME Geo. W. Baker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>0</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Madison Co. - (Mo.)
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Mar-19-1941 (b) Mrs D. A. Barnhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

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

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

Address Huntsville, Mo. _____

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

SUPPLEMENTARY

1940
S-39547

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.