

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 217 Summit St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME John Francis Baker

8. (b) If veteran name war _____ 3. (c) Social Security No. none

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

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

7. Birth date of deceased Oct. 17 1951
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 6 If less than one day hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Benjamin J. Baker

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

14. Maiden name Anna R. Ruppel
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature C. D. Baker

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Jan. 25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Mo.

18. (a) Signature of funeral director M. Phelan

(b) Address Mexico, Mo.

19. (a) Jan 25-1941 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 217 Summit St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 18, 1941 to January 23, 1941
that I last saw him alive on January 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death (Uremic coma)
Chronic Interstitial Nephritis

Due to Hematuria

Due to Cancer ?

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

Major findings: No operation
Of operations _____

Of autopsy No 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 _____

28. Signature J. H. Harrison (M. D. or other) _____
Address Mexico, Mo. Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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. 10

District File Number 2-41-441

Date Filed FEB 19 1941

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

Ray A. McPherson

Licensed Embalmer No.

1138

P. O. Address

Meriden Md

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.