

MAY 19 1941

Registration District No. 117Primary Registration District No. 5167

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Candlen
(b) City, or town Montreal Raut 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life
(Specify whether years, months or days) life

3. (a) PRINT
FULL NAME(b) If veteran,
name war(c) Social Security
No.4. Sex male5. Color of
race white6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife Eva6. (c) Age of husband or wife if
alive 41 years7. Birth date of deceased April 29 - 1883

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

5758925

hr.

min.

9. Birthplace Candlen Co Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name James J. Baker13. Birthplace Mo

(City, town, or county)

(State or foreign country)

14. Maiden name Bell Mulstegle15. Birthplace 1 Tenn

(City, town, or county)

(State or foreign country)

16. (a) Informant Ethel Lane(b) Address Montreal, Mo Route 117. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 2-25-1941

(Month)

(Day)

(Year)

(c) Place: burial or cremation Montreal Cem.18. (a) Signature of funeral director Bayham Woolery(b) Address Candlen, Mo19. (a) Mar-1-1941

(Date received local registrar)

(b) Lizzie Miller

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Candlen
(c) City or town Montreal
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1941 hour 3 minute 15A M.21. I hereby certify that I attended the deceased from Feb 23, 1941, to Feb 24, 1941;that I last saw him alive on Feb 23, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary failure

Duration

Due to cerebral hemorrhage (massive)

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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? 1

While at work? 1

(Specify type of place)

(e) Means of injury 323. Signature J. D. Otterburn

(M. D. or other)

Address CandlenDate signed 2/27/41

RECEIVED

District Health Officer No. 7

District File Number 3-41-532

Date Filed 3-12-41

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

John Duncan Volery

Licensed Embalmer No. 2488

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 6514

Registration District No. 117

Primary Registration District No. 5167

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Camden
(b) City or town Osage Twp.
(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 Joseph Edgar Baker
3. (b) If veteran _____ 3. (c) Social Security No. _____
name war _____

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 apr 29 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 25 If less than one day _____ hr. _____ min.

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Mar 1-1941 (b) Lizzie Miller
(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) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 24
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above. Duration
Immediate cause of death Cardiac failure

Due to Cerebral Hemorrhage

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) _____ (b) Means of injury _____

23. Signature A. D. Atterberry (M., D., or other) _____

Address Camden Date Mar 1-1941

S-6514