

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11223

State File No.

Registration District No. 477

Primary Registration District No. 200

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town RURAL
(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 1
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULLNAME John Elwood Baker

3. (b) If veteran, name war None 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 Julia Ann Hess 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased December 11, 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Good Hope Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry B. Baker
13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Creel
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Clark

(b) Address La Grange, Mo.

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

(c) Place: burial or cremation Day Cemetery

18. (a) Signature of funeral director Carl S. Bradley

(b) Address Canon, Mo.

19. (a) Mar 26 1941 (b) R. W. Jennings, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 29 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1941 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec. 20, 1940, to Mar 22, 1941;
that I last saw him alive on Mar 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 59 yrs.

Due to 93A

Due to

Other conditions (Include pregnancy within 3 months of death)

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 Dr. C. E. Rodel (M.D. or other) 2

Address Williams town mo Date signed 3/25/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 4-41-682

Date Filed APR 10 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

Earl H. Buckley

Licensed Embalmer No.

2615

P. O. Address

Canton, Mo.

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.