No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 15489

Registration District No. 677 Primary Registration District No. 4403 Registrar's No. 69

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rosea
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mc Farland Memorial 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps 81
(c) City or town Yancy Mills Mo 0
(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.? 0 years.

3. (a) PRINT FULL NAME Charles Rufus Baker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 10, 1927 (Month) (Day) (Year)

8. AGE: Years 13 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Yancy Mills, Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation School
11. Industry or business
FATHER
12. Name Rufus Baker
13. Birthplace Arnett Mo 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lillie Black
15. Birthplace Yancy Mills Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lillie Black
(b) Address Yancy Mills Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Knob Cem.
18. (a) Signature of funeral director Null Son
(b) Address Rolla Mo
19. (a) 4-10-41 (Date received local registrar) (b) Jos. F. Ayers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1941 hour 9 minute 55 P.M.
21. I hereby certify that I attended the deceased from April 8th, 1941, to April 9th, 1941, that I last saw him alive on April 9th, 1941, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Burn on entire body except face | 1 day |
| Due to | |
| 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 statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Apr. 8th, 1941 DX1
(c) Where did injury occur? Yancy Mills Phelps Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)
While at work? (e) Means of injury Burn Gasoline
23. Signature Ripley McFarland (M.D. or other) M.D.
Address Rolla, Missouri Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 541677
Date Filed _____

**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 none, Registered Apprentice No. _____ working under my personal supervision.

Signed S. L. Nuell

Licensed Embalmer No. 3394

P. O. Address Rolla 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.**