

STANDARD CERTIFICATE OF DEATH

State File No. 18355

Registration District No. 527

Primary Registration District No. 5703

Registrar's No.

1. PLACE OF DEATH:

(a) County. MACON
(b) City or town. BEVIER
(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. ALBERT E. BAKER

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

4. Sex. MALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. WIDOWED
6. (b) Name of husband or wife. - 6. (c) Age of husband or wife if alive. - years
7. Birth date of deceased. APRIL 10, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 8 - hr. - min.

9. Birthplace. 1 DELEWARE
(City, town, or county) (State or foreign country)

10. Usual occupation. RETIRED FARMER

11. Industry or business.

12. Name. PURNELL T. BAKER
13. Birthplace. UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name. LYDIA EVANS
15. Birthplace. UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Martha Baker
(b) Address. Bevier, Mo.

17. (a) BURIAL (b) Date thereof. 5-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. CONCORD CEMETARY

18. (a) Signature of funeral director. W. Edwards
(b) Address. BEVIER, Mo.

19. (a) May 24-1941 (b) Edw. Ferguson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. MACON
(c) City or town. BEVIER
(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. MAY day. 18
year. 1941 hour. 1 minute. 45 P.M.

21. I hereby certify that I attended the deceased from Feb. 20, 1941, to May 18, 1941
that I last saw him alive on May 18, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Recurrent Cholelithiasis and Cholangitis
Due to. -
Due to. -

Other conditions. Cardiovascular Disease
(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? -

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

23. Signature. D. P. Danovay (M. D. or other)
Address. MACON MO Date signed. 5/23/41

RECEIVED

District Health Officer No. 10

District File Number 6-41-1137

Date Filed JUN 18 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

H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Reveries 2nd

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.