

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

24409

FILED AUG 11 1941

Registration District No. 29

Primary Registration District No. 5046

Registrar's No. 696

1. PLACE OF DEATH:

(a) County. BARRY
(b) City or town. JENKINS (RURAL) CRANE CREEK TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 mile southwest of Crane, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 months (Specify whether
in this community years, months or days)

3. (a) PRINT FULL NAME ANDY HENRY BAKER3. (b) If veteran,
name war.3. (c) Social Security
No.

4. Sex. Male 5. Color or race White 6. (a) Single, widowed, married Divorced
6. (b) Name of husband or wife Belle Baker 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 8, 1861 (Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Galena Missouri (City, town, or county) (State or foreign country)10. Usual occupation Retired11. Industry or business Farmer12. Name George Baker13. Birthplace Unknown (City, town, or county) (State or foreign country)14. Maiden name Sarah Hall15. Birthplace Unknown (City, town, or county) (State or foreign country)16. (a) Informant George Baker(b) Address Route 11, Republic, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11, 1940 (Month) (Day) (Year)(c) Place: burial or cremation Hideout18. (a) Signature of funeral director Koon Funeral Home(b) Address Cassville, Mo.19. (a) Feb 10, 1941 (Date received local registrar) (b) W. D. Thomas, Jr. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 005
(c) City or town Jenkins (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. 6 mile southwest of Crane, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1941 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from August 6, 1940 to Jan 10, 1941
that I last saw him alive on August 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities of age
Due to 16 hr

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)
(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 A. P. Coyle (M. Draw other)
Address Crane, Mo. Date signed 1-10-41

RECEIVED

District Health Officer No. 6,

District File Number 841-1319

Date Filed AUG 7 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

Rufus J. Miller

Licensed Embalmer No. 3794

P. O. Address Cassville, 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.