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1-4-41  
17-39  
X2531

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25445

State File No.

FILED AUG 11 1941

Registration District No. 420

Primary Registration District No. 5633

Registrar's No. 115

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon, Missouri TIAAD  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 53 days

In this community 53 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi <sup>067</sup>

(c) City or town Bertrand <sup>3</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Baker

3. (b) If veteran, name war No

3. (c) Social Security No. 492-16-5386

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th  
year 1941 hour 5:10 minute \_\_\_\_\_ P. M.

4. Sex Male <sup>0</sup>

5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Ellen Roberts Baker

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased August 12th 1910  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 25th 1941 to July 16 1941  
that I last saw him in alive on July 16 1941  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>11</u>	<u>4</u>	_____ hr. _____ min.

Immediate cause of death Pulmonary Tuberculosis <sup>About</sup> 10 months

9. Birthplace Bertrand, Missouri <sup>0</sup>  
(City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business X

MOTHER FATHER { 12. Name K. K. Baker

13. Birthplace West Prairie Missouri <sup>0</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Tona Baker

15. Birthplace Bertrand Missouri <sup>0</sup>  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removed (b) Date thereof 7 18 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston MO

18. (a) Signature of funeral director Geo B Orr

(b) Address 2311 Vernon MO

19. (a) 7-18-1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) <sup>1140</sup>

Address 2311 Vernon MO Date signed 7/16/41

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

421 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number

Date Filed

AD6

841-1335  
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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**