No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28618

Registration District No. 412 Primary Registration District No. 5559 B Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural Mineral Tow (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 mile west of Purcell (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 33 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

(c) City or town Purcell Rural (If outside city or town limits, write "RURAL")

(d) Street No. 1 Mile North of Purcell (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clyde Emerson Baker

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex M. 0

5. Color or race W.

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

6. (b) Name of ~~husband~~ or wife Nettie Parkill Baker

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

7. Birth date of deceased September (Month) 1 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
73	11	12	hr. min.

9. Birthplace Niagara County New York (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Horace Baker
13. Birthplace No data New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah E. Whitfield
15. Birthplace no data New York (City, town, or county) (State or foreign country)

16. (a) Informant Widow Mrs Nettie Baker

(b) Address 1 mile West of Purcell, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 15 (Day) 41 (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Hedge Nelson

(b) Address Webb City, Mo

19. (a) 8/14-41 (Date received local registrar) (b) Charles E Scafe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1941 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from 8-2, 1941, to 8-12, 1941; that I last saw h. 1 alive on Aug 12, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Robert S Berry (M. D. or other) DO

Address Albin Date signed 8-15-41

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(Licensed Embalmer's Statement on Reverse Side)

41-9-738

Baker

Dr. Penny

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. 2859

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.