DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32432

Registration District No. 769 Primary Registration District No. 6015 Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County St. Clair Co.
(b) City or town Schell City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: [illegible]
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community over 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Clair 093
(c) City or town Schell City, Mo Rural 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 J. G. BAKER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Ida
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 8 (Day) 1870 (Year)

8. AGE: Years 70 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Galion Ohio (City, town, or county) 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Peter Baker
13. Birthplace Ind. (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Maria Hill
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Theo. Baker
(b) Address 3804 Mersington Ave KC Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove
18. (a) Signature of funeral director [illegible]
(b) Address Harwood Mo
19. (a) Sept. 16-1941 (Date received local registrar) (b) Mrs. J. W. Richardson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1941 hour 8.00 minute A.M.
21. I hereby certify that I attended the deceased from
X 6-14-40, 19 to 2-13, 1941;
that I last saw him alive on 2-13, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis, Ch.	
Due to	
Due to	
Other conditions Bronchiectasis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93d

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 W H Ellett (M. D. or other) 0 MD
Address Appleton City Mo Date signed 9-15-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7.
District File Number 10-41-1790
Date Filed 10-14-41

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 [signature]

Licensed Embalmer No. 2709

P. O. Address Harwood, Mo

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.

No. 2B
9-21-41
29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32 432

Registration District No. 769 Primary Registration District No. 6015 Registrar's No.

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Shell City (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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 J. S. Baker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 8 1870 (Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days If less than one day hrs. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 9-15-1941 (Date received local registrar) (b) Mrs J W Richardson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 1 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

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)

(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 (M. D. or other)

Address Date signed

SUPPLEMENTARY