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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37659

State File No. ....

FILED DEC 9 1941

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 332

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirkville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Community Nursing Home #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution hospital  
(Specify whether years, months or days)  
In this community 2 months & days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan  
(c) City or town Green City Mo.  
(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 1

3. (a) PRINT FULL NAME William Baker

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.  
6. (b) Name of husband or wife. — 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased Feb. 3 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 9 23 hr. min.

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

10. Usual occupation Invalid

11. Industry or business none

MOTHER, FATHER { 12. Name Larkin Baker  
13. Birthplace Jennisse  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Couch  
15. Birthplace Jennisse  
(City, town, or county) (State or foreign country)

16. (a) Informant Alonso Baker  
(b) Address Green City Mo.

17. (a) Burial (b) Date thereof 11 27-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hwytraya Cem

18. (a) Signature of funeral director Glenn E Kent

(b) Address Green City Mo.  
19. (a) Nov 29/41 (b) Spencer L. Freeman  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26  
year 1941 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sept 16  
1941 to Nov 26 1941;  
that I last saw him alive on Nov 26 1941;  
and that death occurred on the date and hour stated above.

Duration  
Immediate cause of death paralysis of respiratory center  
Due to progressive spinal muscular atrophy  
Due to —

Other conditions paralysis of lower extremities dec 46 yrs.  
(Include pregnancy within 3 months of death)  
to Acute Anterior poliomyelitis

Major findings: 438  
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 M. T. Hutensack (M. D. or other) D.O.  
Address Kirkville, Mo Date signed Nov 26 1941

(Licensed Embalmer's Statement on Reverse Side) Webster

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2109

Date Filed DEC 3 1941

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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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.