

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24093  
Registrar's No. 114

Registration District No. 198 Primary Registration District No. 3011

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

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town Excelsior Springs  
(c) Name of hospital or institution:  
420 Kansas City Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Emmett W. Baker  
3. (b) If veteran, name war..... 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife.....  
Unknown 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Sept. 10, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 10 5 hr. min.

9. Birthplace Brookfield Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Unknown

11. Industry or business.....  
MOTHER FATHER { 12. Name Unknown  
13. Birthplace 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Relief office records  
(b) Address Excelsior Springs, Mo.  
17. (a) Burial (b) Date thereof 7-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Clay County Home  
18. (a) Signature of funeral director Claude Richard  
(b) Address Excelsior Springs, Missouri;  
7-15-42 (b) Mrs. Sada Redman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clay 24  
(c) City or town Excelsior Springs 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 420 Kansas City Ave 1  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 15 15'6 AM.  
year 1942 hour 6 minute 30 M.  
21. I hereby certify that I attended the deceased from Feb  
1 1942 to July 15 1942  
that I last saw him alive on July 7 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocardial Duration  
degeneration - several  
months  
Due to.....  
Due to..... 938  
Other conditions See exhibits for 15 yrs  
(Include pregnancy within 3 months of death)  
Major findings: None PHYSICIAN  
Of operations.....  
Of autopsy.....  
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?  
none  
While at work?..... (Specify type of place)  
(e) Means of injury.....  
23. Signature G. D. Craven (M. D. or other)  
Address Excelsior Springs, Mo. Date signed 7-16-42

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 8-7-42

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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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, 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.