

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 15 1942

Registration District No. 700

Primary Registration District No. 3018

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Dent  
(b) City or town Salem Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community about 30 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME J.W. Baker

8. (b) If veteran, name war X 8. (c) Social Security No. X

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Elizabeth Smith 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Dec 10 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 7 If less than one day hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business

MOTHER FATHER { 12. Name no record 9  
13. Birthplace no record 9  
(City, town, or county) (State or foreign country)  
14. Maiden name no record 9  
15. Birthplace no record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elizabeth Baker  
(b) Address Salem Mo

17. (a) burial (b) Date thereof 8/19/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oscar Grove Cem.

18. (a) Signature of funeral director Ed J. Spencer  
(b) Address Salem Mo

19. (a) 8-19-42 (b) J. W. McLeod  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent  
(c) City or town Salem  
(If outside city or town limits, write "RURAL")  
(d) Street No. X  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. X years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17  
year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 7 1942 to Aug 15 1942  
that I last saw him alive on Aug 14 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death apoplexy Duration \_\_\_\_\_

Due to Phonetic Notation

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

Other conditions  
(Include pregnancy within 3 months of death)

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

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

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 or on farm, in industrial place, in public place?

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature G. J. Spencer (M. D. or other)  
Address Salem Mo Date signed Aug 18 42

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

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

942885-

9-14-42

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, above space should be left blank.