

S. No. 2
M-5-42
v. 5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29808

State File No. _____
Registrar's No. 873

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution St. Joseph's Hospital
(d) Length of stay: In hospital or institution 4 days
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1723 South 17th St
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Benjamin Franklin Baker
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 12 year 1942 hour 10 minute 30 P. M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lottie
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 30 1861

21. I hereby certify that I attended the deceased from 9-8-42 to 9-12-42 that I last saw him alive on 9-11-42 and that death occurred on the date and hour stated above.

8. AGE: 81 Years 5 Months 12 Days

Immediate cause of death: *cerebral hemorrhage prior 9/8/42*
Due to: *hypertension*
Due to: *atherosclerosis prior 9/8/42*

9. Birthplace Long Island, New York

Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

10. Usual occupation _____
11. Industry or business unknown
12. Name _____
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Lottie Baker
(b) Address 1723 South 17th St
17. (a) Burial (b) Date thereof 9-14-42
(c) Place: burial or cremation Ashland Cemetery
(d) Tracy Barry Funeral Home
18. (a) Signature of funeral director _____
(b) Address 218 South 10th St St. Joseph, Mo.
19. (a) 9-14-42 (b) Rose Hays

23. Signature: *Clifton French* (M. D. or other) _____
Address: 218 N. 7th St Date signed: 9/14/42

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

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 Victor J. Barry
Licensed Embalmer No. 4212
P. O. Address S. T. Joseph, 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.