

S. No. 2
-1-4-41
5-17-39
K 26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29809

State File No. _____

Registrar's No. 907

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: Enroute to St. Joseph's Hospital

(d) Length of stay: In hospital or institution 1 day

In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas

(b) County Atchison

(c) City or town Atchison

(d) Street No. 614 Atchison

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Larry Wayne Baker

3. (b) If veteran. name war None,

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wht.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 22 1942

8. AGE: Years Months Days If less than one day

2

9. Birthplace Atchison Kansas

10. Usual occupation Child

11. Industry or business

12. Name Louis T. Baker

13. Birthplace Atchison Kansas

14. Maiden name Alberta Marie Noll

15. Birthplace Winchester Kansas

16. (a) Informant Louis T. Baker

(b) Address 614 Atchison, Atchison, Kas.

17. (a) Removal (b) Date thereof 9/22-42

(c) Place: burial or cremation Mt. Calvary, Atchison

18. (a) Signature of funeral director

(b) Address 319 So. 10th St. Home

19. (a) 9-22-42 (b) Roe Hergoy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22 year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 22 1942 to Sept 22 1942

that I last saw him alive on Sept 22 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Duration 60 da

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

159

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?

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

While at work? (Specify type of place)

(e) Means of injury

23. Signature W. Roger Moore (M. D. or other)

Address St. Joseph Mo Date signed 9/23/42

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

MOTHER FATHER

1033 (Licensed Embalmer's Statement on Reverse Side)

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..... ✓

John Embalmer....., Registered Apprentice No.....
working under my personal supervision.

Signed *Frank C. Perumy*.....

Licensed Embalmer No. *1710*.....

P. O. Address *St. 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.