

FILED OCT 9 1945

Registration District No. 341

Primary Registration District No. 4204 4210

Registrar's No. 2

41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Harrison
(b) City or town Ridgeway, Mo
(c) Name of hospital or institution: Home Ridgeway.
(d) Length of stay: In hospital or institution. None
In this community 55 years Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Ridgeway
(d) Street No South part town
(e) Citizen of foreign country? Citizen

3. (a) PRINT FULL NAME Olive Oscar Baker

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

4. Sex Male 5. Color White 6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife Cordelia Baker 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 8 79

8. AGE: Years 68 Months 29 Days hr. min.

9. Birthplace Ill. Ill.

10. Usual occupation Retired farmer

11. Industry or business

12. Name Thomas G. Baker

13. Birthplace Ohio

14. Maiden name Rose Siffman

15. Birthplace Pa

16. (a) Informant Cordelia Baker

17. (a) Address Ridgeway, Mo (b) Date thereof 7-9-42

18. (a) Signature of funeral director

19. (a) 1-9-42 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1942 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 5, 1942 to July 7, 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: Subcuticular pericardial effusion
Due to Pulmonary Tuberculosis

Due to

Other conditions

Major findings: Of operations 138
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?
(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 Dr. J. B. Brotman (M. D. or other) 20
Address Ridgeway, Mo Date signed 7/8/42

Duration
not known
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *R.R. Rogers*.....

Licensed Embalmer No. *35-76*.....

P. O. Address *Ridgeview*.....

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.