

FILED OCT 21 1942

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town _____
 (c) Name of hospital or institution: Sumner Sedgwick Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 23 days
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
 (c) City or town Victoria
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Baker, Walter

3. (b) If veteran, name war None
 3. (c) Social Security No. 702-16-0042

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora Baker
 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased April 17 1886
 (Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 22
 If less than one day _____ hr. _____ min.

9. Birthplace Hillsboro Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Railroad Section hand

11. Industry or business _____

MOTHER FATHER { 12. Name Milton Baker

13. Birthplace Hillsboro Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Isla Dell

15. Birthplace Hillsboro Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Dora Baker

(b) Address Victoria Mo.

17. (a) Burial (b) Date thereof Oct 13 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillsboro Mo.

18. (a) Signature of funeral director Donnell B. B. B.

(b) Address Victoria Mo.

19. (a) OCT 13 1942 (b) J. F. Bredebeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
 year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept. 15
1942 to Oct. 9, 1942.
 that I last saw him alive on Oct. 9, 1942;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chyfarction of myocardium
 Due to Arteriosclerotic Heart Disease

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

Duration 6 hrs
 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? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature Wm. C. Macdonald (M. D. or other)
 Address 325 So. Grand Date signed 10-9-42

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 Donnell B. Dietrich

Licensed Embalmer No. 41064

P. O. Address Wadsworth 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.