V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41499

Registration District No. 264 Primary Registration District No. 5897 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Ozark Or

(b) City or town Rural-Nottinghill Hammond
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None: final illness was 16 days. (Specify whether In this community years, months or days) Nearly 74 years

2. USUAL RESIDENCE OF DECEASED: 77

(a) State Missouri (b) County Ozark 0

(c) City or town Hammond- Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME George C. Baker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Mary A. Baker

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October 25, 1868 (Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 6 If less than one day — hr. min.

9. Birthplace Maries County, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Samuel Baker
13. Birthplace Nottingham, England 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Capehart
15. Birthplace Maries County, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Walter I. Baker

(b) Address 927 S. Pickwick, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-42 (Month) (Day) (Year)

(c) Place: burial or cremation Near Nottinghill, Mo.

18. (a) Signature of funeral director O.B. McClure

(b) Address Mountain Home, Arkansas

19. (a) 1-4-1943 (Date received local registrar) (b) Margaret Hutchison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1 year 1942 hour 1 p.m. War Time minute M.

21. I hereby certify that I attended the deceased from Nov third, 1942, to Dec 1, 1942; that I last saw him alive on November 8, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Sclerosis and Cardiac Decompensation	1 yr
Due to: Hypertension, arterial, Bright's disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 M J Hoenman (M.D. or other) 150

Address Gainesville, Mo Date signed 1/4/43

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1949

JAN 25 1949

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 Mrs. Alma Lee Adams

Licensed Embalmer No. 3939

P. O. Address Cotter, Ark.

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.