No. 2
9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7884

FILED FEB 18 1943

Registration District No. 8-32 381 Primary Registration District No. 4518 Registrar's No.

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Milan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 105
(a) State Mo. (b) County Sullivan
(c) City or town Milan 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Joel Palmer Baker
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male
5. Color or race White
6. (a) ~~Single, widowed~~, married, divorced Married
6. (b) Name of husband or wife Mary Brown Baker
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Oct (Month) 26 (Day) 1852 (Year)

8. AGE: Years 90 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER
12. Name Isaac Baker
13. Birthplace Ky (City, town or county) / (State or foreign country)

MOTHER
14. Maiden name Lucy Price
15. Birthplace Ky (City, town or county) / (State or foreign country)

16. (a) Informant Mary Baker
(b) Address Milan Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Asbury Cem

18. (a) Signature of funeral director Schaeuer
(b) Address Milan Mo

19. (a) Feb 4 43 (Date received local registrar) (b) Mrs L D Green (Registrar's signature)

1140 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1943 hour 4 minute — A.M.

21. I hereby certify that I attended the deceased from
1940, to Jan 16 1943
that I last saw him alive on Jan 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of prostate (Primarily)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertension	

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 J. S. Montgomery (M.D. or other)
Address Milan Mo Date signed 1-20-'43

RECEIVED
District Health Officer No. 10
District File Number 2-43-367
Date Filed FEB 16 1943

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 Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.