

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9899**

FILED MAR 31 1943

Primary Registration District No. **4089 5212**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County **Carter**
(b) City or town **Van Buren Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Van Buren Rural**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Home** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **GEORGE W. 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 **single**
6. (b) Name of husband or wife **single** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **JULY 23 1920**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 5 13 hr. min.

9. Birthplace **Shannon Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **George W. Baker**
13. Birthplace **Shannon Co., Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Clark**
15. Birthplace **Shannon Co., Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **George W. Baker**
(b) Address **Van Buren, Mo.**
17. (a) **Houses Creek** (b) Date thereof **Mar 7 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Houses Creek**

18. (a) Signature of funeral director **Seaton Dewitt**
(b) Address **Van Buren Mo**
19. (a) **March 6-1943** **Mrs A. J. Smith**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Carter**
(c) City or town **Van Buren**
(If outside city or town limit, write "RURAL")
(d) Street No. **Rural** (If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **5**
year **43** hour **6** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **2-23-**, 19**43**, to **3-5-**, 19**43**
that I last saw him alive on **2-25-**, 19**43**
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to **Multiple sclerosis** **10 yrs.**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **872**

Major findings: Of operations _____
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? _____ (City or town) (County) (State)
(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 **J. H. Coe** (M. D. or other) **0**
Address **Van Buren** Date signed **3-6-43**

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

RECEIVED

District Health Officer No. 5

District File Number

343184

Date Filed

3-29-43

APR 1 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 me

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

Signed

Seaton Pewitt

Licensed Embalmer No.

2287

P. O. Address

Van Buren

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, above space should be left blank.