

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15091

State File No. _____

FILED APR 27 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 131

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
20 Years (Specify whether years, months or days)
In this community _____

3. (a) PRINT **William Sherman Baker**
FULL NAME

3. (b) If veteran, name war **Spanish American** 3. (c) Social Security No. **702 16 1615**

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

6. (b) Name of husband or wife **Inez Baker** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **March 3 1880**
(Month) (Day) (Year)

8. AGE: Years **63** Months **1** Days **9** If less than one day hr. min.

9. Birthplace **Rockford Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **Sheet Metal Worker**
Rail Road Co.

11. Industry or business **John Baker**

12. Name **Unknown**

13. Birthplace **Nancy Green**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Mrs. Inez Baker**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sedalia Mo.**

(b) Address **burial**

17. (a) **burial** (b) Date thereof **April 15 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **McLaughlin Bros.**

(b) Address **Sedalia Mo.**

19. (a) **4/15/43** (b) **Anna Berger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **1101 S Carr**
(If rural, give location)
(e) Citizen of foreign country? ☒ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **12** year **1943** hour **7:00** minute **12** M.

21. I hereby certify that I attended the deceased from **April 12** to **April 12, 1943**

that I last saw him alive on **April 12** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral and stroke**

stroke

Due to **hypertension, excessive existing for some time prior**

Due to **stroke**

Other conditions **830**
(Include pregnancy within 3 months of death)

Major findings: **No operation**

Of operations **No autopsy**

Of autopsy **No autopsy**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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? **no**

While at work **no** (Specify type of place) (e) Means of injury **no**

23. Signature **Sedalia Mo** (M. D. or other) **4/15/43**
Address **Sedalia Mo** Date signed **4/15/43**

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

80
6
9

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8

District File Number.....

Date Filed 4-26-43

APR 28 1943

MAY 4 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.....

Robert H. Reed

Licensed Embalmer No.....

3745

P. O. Address.....

Sedalia 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.