

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

A. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**15683**  
Do not use this space.

**FILED APR 24 1948**

**1. PLACE OF DEATH**

(a) County Stone Registration District No. 310  
 (b) Township Presse Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 (c) City Crane or \_\_\_\_\_ (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Harry S. Baker

(a) Residence, No. Crane mo St.  (If nonresident, give city or town and State) 0

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 16</u> , 19 <u>43</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr Harry S. Baker</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>May 1 -</u> , 19 <u>1</u> , to <u>Apr. 16 -</u> , 19 <u>43</u> . I last saw him alive on <u>April 16 -</u> , 19 <u>43</u> . Death is said to have occurred on the date stated above, at <u>6:31am</u> . The principal cause of death and related causes of importance were as follows: <u>Actinomyces</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9 - 1881</u>					Date of onset <u>2pm</u>	
7. AGE	YEARS <u>61</u>	MONTHS <u>11</u>	DAYS <u>7</u>	If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.				Other contributory causes of importance: <u>43.1</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired Railroad</u>					
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>					Name of operation <u>none</u> Date of _____	
FATHER	13. NAME <u>Harison Baker</u>				What test confirmed diagnosis? <u>Serology</u> Was there an autopsy? <u>no</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>				23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
MOTHER	15. MAIDEN NAME <u>Margaret Oakley</u>				Manner of injury _____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>				Nature of injury _____	
17. INFORMANT <u>Ruth Baker</u> (ADDRESS) <u>Crane mo</u>					24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>H. L. Ferr</u> , M. D. (Address) <u>Crane mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crane</u> DATE <u>4/18</u> , 19 <u>43</u>						
19. FUNERAL DIRECTOR (NAME) <u>George H. Marlowe</u> (ADDRESS) <u>Crane mo</u>						
20. FILED <u>4/18</u> , 19 <u>43</u> <u>George Marlowe</u> Local Registrar.						

20-16  
5/12/48

MAY 16 1945

MAY 12 1945

MAY 19 1945

MAY 24 1945

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 *George H. Manlove*

Licensed Embalmer No. *3827*

P. O. Address *Cran 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, above space should be left blank.