

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **28175**
 Registrar's No. **44**

SEP 4 1943
 Registration District No. **19**

Primary Registration District No. **5443**

1. PLACE OF DEATH:
 (a) County **Gasconade**
 (b) City or town **Rural--Roark Twp**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Gasconade County Farm
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 yrs** (Specify whether
 In this community **Unknown**
 years, months or days)

3. (a) PRINT FULL NAME **WILLIAM BAECKER**
 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 **Unknown** 6. (c) Age of husband or wife if alive **-----** years
 7. Birth date of deceased **Unknown** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 72 **---** **---** **---** hr. min.

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

10. Usual occupation **Retired Laborer**

11. Industry or business **-----**

12. Name **Unknown**
 13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Everett Puchta**
 (b) Address **Hermann, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-6-43** (Month) (Day) (Year)
 (c) Place: burial or cremation **Gasconade Co Cemetery**

18. (a) Signature of funeral director **Hugo H. Blumer**
 (b) Address **Hermann, Mo**

19. (a) **Aug. 6, 1943** (Date received local registrar) (b) **A. H. Hedler** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Gasconade**
 (c) City or town **Rural Roark Twp** (If outside city or town limits, write "RURAL")
 (d) Street No. **Gasconade County Farm** (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **-----**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Aug** day **4th**
 year **1943** hour **7** minute **0** M.

21. I hereby certify that I attended the deceased from **July 31**, 19**43**, to **Aug 4**, 19**43**
 that I last saw him alive on **Aug 4**, 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**
 Due to **Hypertension**
 Due to **-----**

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

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 **Howard Horkman** (M. D. sealer)
 Address **Hermann, Mo** Date signed **8-1-43**

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

MOTHER FATHER

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.....

Hughes Blumer

Licensed Embalmer No. 3160

P. O. Address. Hermann, 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.