

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32733

State File No. _____

Registrar's No. 82

Registration District No. 337

Primary Registration District No. 6143

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Lentner
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Lentner Imp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community ENTIRE LIFE (years, months or days)

3. (a) PRINT FULL NAME Fred Henry Baking
3. (b) If veteran, name was No
3. (c) Social Security No. ✓

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Baking
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Feb 12 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 0
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Hugo Baking
13. Birthplace Wis.
(City, town, or county) (State or foreign country)
14. Maiden name Lena Blatzinger
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Baking
(b) Address Lentner, Mo.
17. (a) BURIAL (b) Date thereof 9-14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood (Clarence)
18. (a) Signature of funeral director G. E. Hopper
(b) Address Clarence
19. (a) Oct 4 43 (b) Margie Good
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby
(c) City or town Lentner 10-2
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12
year 1943 hour 10 minute 9 M.
21. I hereby certify that I attended the deceased from 9-11-43
to 9-12-43, 19____, to 19____;
that I last saw him alive on 9-12-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris 7 da.
Duration

Due to _____
Due to _____

Other conditions g4 f
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN

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)
(c) Means of injury _____

23. Signature G. M. Hood (M. D. or other)
Address Shelby Date signed 9-27-43

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

RECEIVED

District Health Officer No 10

District File Number 10-43-1646

Date Filed OCT 6 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.....

Licensed Embalmer No..... 4261

P. O. Address..... Clarence, 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.