S. No. 2
M—9-4-41
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PI X29484

41

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38295

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 123

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bethany Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Five Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town Martinsville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Six Mile N.W. of Martinsville
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) O

If yes, name country .....

3. (a) PRINT FULL NAME Christopher Columbis Baker

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or Race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ida B Baker

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July (Month) 6 (Day) 1865 (Year)

8. AGE: Years 78 Months 2 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Andrew County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name John Baker
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Janie Wilhoit
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ida B Baker
(b) Address Martinsville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Wissler Chapple

18. (a) Signature of funeral director W G Noble
(b) Address New Hampton Mo

19. (a) 11-5-43 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 21
year 1943 hour 7 minute 30 a.M.

21. I hereby certify that I attended the deceased from 10-11, 1943 to 10-21, 1943
that I last saw him alive on Oct. 21, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy —	

93d

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? —
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature H. R. Lydda, Jr. (M. D. ~~or other~~)

Address Bethany Mo Date signed 11-4-43

(Licensed Embalmer's Statement on Reverse Side)

JUL 11 195

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 W G Noble

Licensed Embalmer No. 2904

P. O. Address Newtonpton

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.