

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

38550

FILED DEC 11 1943
Registration District No.

Primary Registration District No. 5641

Registrar's No.

67

1. PLACE OF DEATH:

(a) County LAFAYETTE
(b) City or town HODGE MO DOVER TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

KATIE E. BAKER

3. (b) If veteran,
name war

No

3. (c) Social Security
No. No

4. Sex FEMALE 5. Color or
race WHITE

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

6. (b) Name of husband or wife
ROBERT C. BAKER

6. (c) Age of husband or wife if
alive. 56 years

7. Birth date of deceased FEB 23 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 8 15 hr. min.

9. Birthplace LAFAYETTE COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name SAC BUTLER

13. Birthplace STATE OF MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH SMITH

15. Birthplace STATE OF MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MR. ROBERT E. BAKER

(b) Address HODGE MO

17. (a) BUTLER (b) Date thereof NOV 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DOVER CEMETERY

18. (e) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) 11-9-1943 (b) Dr. W. A. Brueckner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE
(c) City or town HODGE MO
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/4 MI SOUTH EAST HODGE MO
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 8
year 1943 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from
11-2 1943 to 11-8 1943
that I last saw him alive on 11-7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar Duration 6 days

Due to
Due to

Other conditions Myocarditis chronic
(Include pregnancy within months of death)

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 Geo A Kelling (M. D. or other)
Address Waverly MO Date signed 11-9-43

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-9-43

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 E. S. James

Licensed Embalmer No. 2058

P. O. Address: Concordia, 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.