

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42910  
Registrar's No. 105

Registration District No. 200

Primary Registration District No. 3041

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Macon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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 Ernest M. Baker

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 486-12-8370

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 20 - 1886  
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Geo. W. Baker

13. Birthplace College Mound Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Ambera Parsons

15. Birthplace Maryland  
(City, town, or county) (State or foreign country)

16. (a) Informant Orl J. Baker

(b) Address College Mound Mo

17. (a) Burial (b) Date thereof 12/2/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director Robert Skinner

(b) Address Macon Mo

19. (a) 12/1/43 (b) Ypra B. Funkler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon  
(c) City or town Macon  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26  
year 1943 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Nov 31 to Nov 26 1943  
that I last saw him alive on Oct 30 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary occlusion Sudden

Due to Coronary Embolism Sudden

Due to Coronary Arterio-sclerosis Unknown

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

Sudden

Sudden

Unknown

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. J. Turner (M. D. or other) \_\_\_\_\_

Address Macon, Mo Date signed 11-29-43

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

RECEIVED

District Health Officer No. 40

Order No. 12-43-1973

Date DEC 14 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

*Albert Skinner*

Licensed Embalmer No.

*75-1*

P. O. Address

*Macon 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.