MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED FEB 8 1944

4134
Do not use this space.

93
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1. PLACE OF DEATH
(a) County St Clair — Registration District No. 314
(b) Township Jackson — Primary Registration District No. 6063 — Registered No. 93
(c) City or Village Near Valhalla Mo — (d) Street No. / St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Isaac Absolam Baker
(a) Residence, No. Lowry City Mo St Clair Co. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Isabel Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30, 1857

7. AGE: Years 86 — Months 9 — Days 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Near Stockton (STATE OR COUNTRY) Cedar Co. Missouri

FATHER
13. NAME Absolom Baker
14. BIRTHPLACE (CITY OR TOWN) Not Given (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Loretta Jones
16. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY) Kentucky

17. INFORMANT J. D. Baker (ADDRESS) Valhalla Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldorado Cemetery DATE 1/13/ 1944

19. FUNERAL DIRECTOR (NAME) H. C. Austin (ADDRESS) Lowry City Mo.

20. FILED 1-13 1944 J. B. Goodrich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/8/ 1943

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
I dont medicine	
on Jaw 4th Jaw 7	
Influenza	
Other contributory causes of importance:	
Asthma 3 30	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. L. Stratton, M. D.
(Address) Lowry City, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X16605

Office No. 7,
1-44-1017
2-7-44

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 H. C. Austin

Licensed Embalmer No 3609

P. O. Address Lowry City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.