

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1944

Registration District No. 171

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4267

State File No.

7559

Registrar's No.

2

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Odessa
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 300 main st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 yrs. years, months or days

3. (a) PRINT FULL NAME Henry Purnel Baker.

3. (b) If veteran, No name war _____ 3. (c) Social Security No. No

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Mary Ellen Baker 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 26 1883 (Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 7 If less than one day hr. _____ min.

9. Birthplace Dearborne Co. Ind (City, town, or county) (State or foreign country)

10. Usual occupation Retired.

11. Industry or business merchant.

12. Name John M Baker.
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Martha Jane Chisman
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. F. Baker
(b) Address Ann Arbor Michigan
17. (a) Buried (b) Date thereof 2-5-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa City Cem.

18. (a) Signature of funeral director Blair H. H.
(b) Address Odessa Mo

19. (a) Feb-29-1944 (b) Mrs. W. F. Baker (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Odessa (If outside city or town limits, write "RURAL")
(d) Street No. 300 main st. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd year 1944 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 28 1944 to Feb 3 1944
that I last saw him alive on Feb 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration _____

Due to _____

Due to _____

Other conditions unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

ADDITIONAL
SUPPLEMENTARY
INFORMATION

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 R. C. Schaeffer (M. D. or other) 0
Address Odessa Mo Date signed 2/6/44

RECEIVED

Health Officer No. 8.

District File Number

Date Filed

3-6-44

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

Horace Blum

Licensed Embalmer No.

2758

P. O. Address

Oliver Mrs

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. FILED MAR 1944
Registrar's No. 2Registration District No. 171Primary Registration District No. 4267

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Odessa
(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(b) If veteran,
name war.(c) Social Security
No.4. Sex M 5. Color or
race W 6. (a) Single, widowed, married,
divorced W6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years7. Birth date of deceased Nov - 24
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
90 2 min.9. Birthplace
(City, town, or country) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace
(City, town, or country) (State or foreign country)

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

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

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 year 1944 day 24 minute 13 M.21. I hereby certify that I attended the deceased from
19 1944 to 19 1944that I last saw him alive on 19 1944
and that death occurred on the date and hour stated above.Immediate cause of death coronary thrombosis
Duration

Due to

Due to uremia followed
chronic nephritisOther conditions
(Include pregnancy within 3 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) (a) Means of injury

23. Signature R. Scheraga (M.D. or other)

Address Date signed

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

-1559