

FILED MAY 11 1944

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Monticau
(b) City or town California
(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 _____
In this community Thirty year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monticau
(c) City or town California
(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 _____

3. (a) PRINT FULL NAME Peter Joseph Baker

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Rosa Baker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 16 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name August Baker

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

14. Maiden name Margaret Heardt

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

16. (a) Informant Peter Baker Jr

(b) Address California Mo

17. (a) Buried (b) Date thereof 4/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem

18. (a) Signature of funeral director William F. ...

(b) Address California Mo

19. (a) 4-23-44 (b) W. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1944 hour 4 minute 30 PM.

21. I hereby certify that I attended the deceased from death
when first seen _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull and crushed chest

Due to Trainwreck accident
Death instantaneous

Due to Was in auto struck by train
Other conditions train
(Include pregnancy within 3 months of death)

Major findings: 1700-4
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence April 19 - 1944

(c) Where did injury occur? California Monticau Mo
(City or town) (County) (State)

(d) Did injury occur in or about home _____ on farm, in industrial place, in public place?
Public rail road crossing - in California Mo
(Specify type of place) (e) Means of injury Car-train

23. Signature Kernyn Latham (M. D. or other)

Address California, Mo Date signed 4-19-44

Duration _____
Death Instant
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number 5-

Date Filed 5-10-44

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. E. Friedmeyer

Licensed Embalmer No.....

2854

P. O. Address.....

California M.

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

If this body is not embalmed, fact should be so stated above.