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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 3

FILED JUL 13 1944

Registration District No. \_\_\_\_\_ Primary Registration District No. 5238

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural-Jefferson Twsp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XX  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether  
years, months or days)

In this community XX

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Rural-Jefferson Twsp. 0  
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country XX 0

3. (a) PRINT FULL NAME Commadore Franklin Perry Baker

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1944 hour 7 minute 30 P.M.

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

21. I hereby certify that I attended the deceased from 2-9-44  
to 6-8-44 1944  
that I last saw him/her alive on 6-11- 1944  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Grace E. Baker 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Oct. 7. 1882  
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion 3 days  
Due to Arteriosclerosis Yes.  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
61 8 5 XX min.

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

9. Birthplace Dunnegan, Missouri  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation Farming

11. Industry or business ~~XXXXXXXXXXXX~~

12. Name James K. Baker

13. Birthplace Bearcreek, Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Francis Hammons

15. Birthplace Bearcreek, Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Grace E. Baker  
(b) Address Dunnegan, Missouri

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

17. (a) Burial (b) Date thereof 6-15-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alder Cemetary

18. (a) Signature of funeral director Church and Neale  
(b) Address Stockton, Missouri

23. Signature Wm B. Rieller (M.D. or other) 0  
Address Stockton, Mo. Date signed 6-19-44

19. (a) 7-1-44 (b) McLethel Church  
(Date received local registrar) (Registrar's signature)

RECEIVED  
District Health Officer No. 7  
District File Number 6-44-805  
Date Filed 9-10-44

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 Melvin Church  
Licensed Embalmer No. 3272  
P. O. Address Stockton

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.