

FILED JUL 21 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24959

State File No. _____

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 41

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

1. PLACE OF DEATH: Debate Mo. Jefferson Co.

(a) County Debate Mo. Jefferson Co.

(b) City or town _____
(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 1
(Specify whether _____)

In this community CO years
years, months or days

3. (a) PRINT FULL NAME William Baker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W.

6. (a) Single, widowed, married 2 divorced Widowed

6. (b) Name of husband or wife Ella Baker

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr 16 1852
(Month) (Day) (Year)

8. AGE about 92
Years Months Days If less than one day
hr. min.

9. Birthplace Washburn 91
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Elijah Baker

13. Birthplace Washburn 9
(City, town, or county) (State or foreign country)

14. Maiden name Julia Collins

15. Birthplace Washburn 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joe Butler

(b) Address 314 Washington Ave.

17. (a) Burial (b) Date thereof May 23 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Debate Mo. City Cemetery

18. (a) Signature of funeral director Donald B. Baker

(b) Address Debate Mo.

19. (a) 6-7-44 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson

(c) City or town Debate 50
(If outside city or town limits, write "RURAL")

(d) Street No. 314 Washington Ave 2
(If rural, give location) 2

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1944 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 1, 1944, to May 21, 1944;
that I last saw him alive on May 19, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis (chronic)

Due to chronic nephritis

Due to arteriosclerosis

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

Major findings: 131 b

Of operations _____

Of autopsy _____

Duration 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? _____

(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature J. P. Ingels (M. D. or other) DO

Address Debate Mo. Date signed 5-22-44

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed * 7-20-44 _____

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 _____

Irnell B. Dretel

Licensed Embalmer No. _____

4104

P. O. Address _____

Dretel 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.