

FILED AUG 8 1944

Registration District No. 1944

Primary Registration District No. 4286

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Levy
 (b) City or town La Grange
 (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) 1
 (d) Length of stay: In hospital or institution. (Specify whether)
 In this community Entire Life (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME

Noah A. 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 Married
 6. (b) Name of husband or wife Irene Baker 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased Oct 16 1867
 (Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 28 If less than one day
 hr. min.

9. Birthplace Ind. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business

12. Name Henry Baker

13. Birthplace Ind. 1
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Long

15. Birthplace Ind. 1
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Ridge

(b) Address La Grange Mo

17. (a) Burial (b) Date thereof 7/14/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Cemetery

18. (a) Signature of funeral director W. H. Backett

(b) Address Memphis Mo

19. (a) 7/15/44 (b) P. W. Jennings
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
 (c) City or town Memphis 99
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 14
 year 1944 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from JULY 14, 1944, to JULY 14, 1944,
 that I last saw him alive on JULY 14, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death APOPLEXY

Due to CHRONIC NEPHRITIS

Due to

Other 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:

(c) 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) (c) Means of injury

23. Signature P. W. Jennings (M. D. or other)

Address La Grange Date signed 7/15/44

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

Fred Gerth

Licensed Embalmer No.

4256

P. O. Address

Memphis

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.