

S. No. 2  
M-2-43  
7-5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27886

FILED SEP 6 1944

Registration District No. 144

Primary Registration District No. 4734

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Iron

(b) City or town FRONTON  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks (Specify whether years, months or days)

In this community 2 wks years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reynolds

(c) City or town Rural  
(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 Otto Von Baker

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 27 year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 9, 1944 to August 27, 1944 that I last saw him im alive on August 27, 1944 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Dec (Month) 5 (Day) 1891 (Year)

Immediate cause of death: acute cardiac failure 8/27/44

Duration \_\_\_\_\_

8. AGE: Years 52 Months 8 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to: Hypertrophied Heart?

Due to: Chronic myocarditis?

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

10. Usual occupation School Teacher

Other conditions: acute pleurisy 8/28/44  
acute bronchitis 8/8/44

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Nancy Baker

13. Birthplace Reynolds Co. Mo (City, town, or county) (State or foreign country)

14. Maiden name Betty Reed

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

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Jake Baker

(b) Address Callington Mo

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (Date thereof: 8-31-44) (Month) (Day) (Year)

(c) Place: burial or cremation Callington Mo

(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? \_\_\_\_\_

18. (a) Signature of funeral director Phil A. Feuchel

(b) Address Van Buren Mo

19. (a) Sept 4, 1944 (Date received local registrar) (b) Mo Francis E. Howard (Registrar's signature)

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

23. Signature P. E. Harland (M. D. or other) M. D.

Address Ironton, Missouri Date signed 9-4-44

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

47  
1  
0

RECEIVED

District Health Officer No. 4  
District File Number 944-4250  
Date Filed 9-5-44

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 8-27-44

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Philip A. Lerchel  
Licensed Embalmer No. 2936  
P. O. Address Van Buren Inc

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.