

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37313**

Registration District No. **7**
FILED DEC 12 1944

Primary Registration District No. **3008**

Registrar's No. **394**

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution State Hospital No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days / in bed
2
In this community 4 2 yrs / in bed
2
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town _____
(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 JOHN BAKER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 year 1944 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 11 - 1944 to Nov 25, 1944 that I last saw him alive on Nov 25, 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, single

6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) 1868 (Year)

Immediate cause of death Bronchial Pneumonia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

9. Birthplace DK (City, town, or county) GA (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name DK

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

14. Maiden name DK

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

16. (a) Informant Records State Hospital No 1

(b) Address Hutton Mo

17. (a) Removal (b) Date thereof 11 30 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

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? _____

18. (a) Signature of funeral director J. P. Roberts

(b) Address Columbia Mo

19. (a) 11-30-1944 (b) J. P. Roberts
(Date received local registry) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. P. Roberts (M. D. or other) _____

Address Hutton Mo Date signed 11-30-44

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

14-1-2

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 12-11-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.