

FILED DEC 28 1944

Registration District No. **28**

Primary Registration District No. **5324**

Registrar's No.

1. PLACE OF DEATH:
 (a) County. Crawford
 (b) City or town. Bourbon, Rural (Name)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: inf
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community 50 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Henry Baker
 (b) If veteran, name war No. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 14, 1862
 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Hanley England
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name William Baker

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

14. Maiden name Jane Crump

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

16. (a) Informant Mrs. Nellie Stewart

(b) Address Bourbon, Missouri

17. (a) Burial (b) Date thereof 10/17/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Mo

18. (a) Signature of funeral director W. H. Shaffer
 (b) Address Sullivan, Missouri

19. (a) Oct 16 - 1944 (b) W. W. Adams
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Crawford
 (c) City or town Bourbon, Rural
 (If outside city or town limits, write "RURAL.")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15
 year 1944 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 13 1944
Oct. 13 1944 to Oct 15 1944
 that I last saw him alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis.

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1

Major findings: Of operations 934

Of autopsy _____

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? _____

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

23. Signature W. H. Shaffer (M. D. or other)
 Address Sullivan, Mo. Date signed _____

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

2800

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 Edgar W. Tofflow
Licensed Embalmer No. 3394
P. O. Address Sullivan 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, above space should be left blank.