

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1945

Registration District No. 210

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4322

State File No.

41620

Registrar's No.

84

1. PLACE OF DEATH:

(a) County Murphy
(b) City or town Princeton
(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
In this community 20 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Edwin E. Baker

3. (b) If veteran,

name war ✓

3. (c) Social Security

No. ✓

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife

Cora A. Baker

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased

March 27 1883
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

61

8

5

hr.

min.

9. Birthplace

Williamstown
(City, town, or county)

Mo
(State or foreign country)

10. Usual occupation

Businessman

11. Industry or business

MOTHER FATHER

12. Name

Antonia Baker

13. Birthplace

Mo
(City, town, or county)

N.Y.
(State or foreign country)

14. Maiden name

Christy

15. Birthplace

Kentucky
(City, town, or county)

Mo
(State or foreign country)

16. (a) Informant

Mrs. Cora Baker

(b) Address

Princeton Mo

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

12-3-44
(Month) (Day) (Year)

(c) Place: burial or cremation

Powersville

18. (a) Signature of funeral director

Neal Moss

(b) Address

Princeton Mo

19. (a) 12-5-44

(Date received local registrar)

(b) Gwen Martin

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Murphy
(c) City or town Princeton
(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 ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1
year 1944 hour 11:50 minute P M.

21. I hereby certify that I attended the deceased from 8:30 PM
12/1, 1944, to 11:50 PM, 1944
that I last saw him alive on December 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Primary Carcinoma of Bladder with Metastasis to bone

Duration

1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)

(e) Means of injury ✓

23. Signature

Marion Lambert

(M. D. or other)

Address

Princeton, Mo

Date signed

12/2/44

1367

(Licensed Embalmer's Statement on Reverse Side)

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 Me

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

Signed Neil Rose

Licensed Embalmer No. 2634

P. O. Address Princeton 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.