

FILED FEB 7 1945

Primary Registration District No. 5240

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural Washington  
(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 mo.  
(Specify whether years, months or days)

In this community 20 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Washington Turn  
(If rural, give location)

(e) Citizen of foreign country?  (Specify No.)  
If yes, name country ✓ 11

3. (a) PRINT FULL NAME Charles Edward Baker

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Mary E. Baker 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Sept 14 - 1874  
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 17 If less than one day hr. min.

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

10. Usual occupation Broom Maker

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

12. Name Wagon W. Baker

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

14. Maiden name Mary A. Hamilton

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

16. (a) Informant Mrs. Alex Bridges

(b) Address Stackton, Mo.

17. (a) Removal (b) Date thereof 1-2-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aspionda, Mo.

18. (a) Signature of funeral director Church & Neal

(b) Address Stackton, Mo.

19. (a) 25-46 (b) Mrs. Ethel Church  
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-31 day  
year 1944 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec 3, 1944, to Dec 31, 1944  
that I last saw him alive on Dec 20, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death urinal registration 3 months  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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

Underline the cause to which death should be charged statistically.

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 [Signature] (M, D, or other) [Signature]

Address Stackton, Mo. Date signed 1-1-45

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

20  
00

1-45-54  
2-6-42

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**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..... *C. H. Neale* .....  
Licensed Embalmer No. *3335* .....  
P. O. Address. *Stockton, Md.* .....

**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.**