S. No. 6
0M-5-43
5-17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10 a.m. 2776
State File No.

Registration District No. FILED FEB 5 1945 Primary Registration District No. 5677 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Rural [illegible] (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 (Specify whether years, months or days)
In this community Since 1884

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Lincoln
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Union Township Lincoln Co. Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME C. Manson Baker
3. (b) If veteran, name war No
3. (c) Social Security No. XX
4. Sex Male
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~
6. (b) Name of husband or wife Catherine Baker
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased 9 (Month) 15 (Day) 1861 (Year)
8. AGE: Years 82 Months 9 Days 15 If less than one day ... hr. ... min.
9. Birthplace Maysville Ind. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Julian Baker
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Martha Short
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Sophia Raby
(b) Address Whiteside Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Millwood Cemetery
18. (a) Signature of funeral director W. R. Dameron
(b) Address Silex Mo.
19. (a) Jan. 10 1945 (Date received local registrar) (b) G. C. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1944 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from Sept. 1943, to June 30 1944 that I last saw him alive on June 30, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN: 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. M. Pence (M. D. ~~[illegible]~~) M.D.
Address Silex Mo. Date signed

1193

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 22 1945

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-3-45

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. X X,
working under my personal supervision.

Signed W. R. Dawning

Licensed Embalmer No. 2251

P. O. Address Silex 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.