

FILED JAN 24 1945
Registration District No. 387

Primary Registration District No. 4450

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Wardship Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Williams Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one hour
(Specify whether years, months or days) 10 days

3. (a) PRINT FULL NAME GEORGE FRANKLIN 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 Algenia Baker 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased June 7 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days — If less than one day hr. — min. —

9. Birthplace Clark Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Thomas Baker
13. Birthplace unknown Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Francis
15. Birthplace unknown Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Ada A. McMary
(b) Address 2817 Cherry St. Toledo Ohio

17. (a) Burial (b) Date thereof Dec-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Grass

18. (a) Signature of funeral director Benton Jones
(b) Address Marshall Ill.

19. (a) 1/24/45 (b) E. Johnston
(If to received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Clark 99
(c) City or town Martinsville Ill. Peckal!!
(If outside city or town limits, write "RURAL")
(d) Street No. 9 miles north of Martinsville
(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 7
year 1944 hour 3:30 PM minute — M.

21. I hereby certify that I attended the deceased from December 7
1944 to December 7, 1944
that I last saw him alive on December 7
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to Coronary atherosclerosis
Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940
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? _____

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

23. Signature E. Johnston (M. D. or other) _____
Address Marshall Mo. Date signed 1/9/45

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

Mr. Beaton 11/11/15
Marshall, Ill.

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

William T. Beary

Registered Apprentice No. *371*

working under my personal supervision.

Signed

H. G. McNoob

Licensed Embalmer No. *3712*

P. O. Address *Peckham, Ark.*

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.