

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8445**
Registrar's No. **1252**

FILED APR 5 1945
Registration District No. **5/1945**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Granville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mersey Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 2 mo.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Granville City Mo. 110
(If outside city or town limits, write "RURAL")
(d) Street No. 1142 E. Mo. ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ronald Lee Baker
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 18
year 1945 hour 12 minute 55 P. M.

4. Male 5. Color or White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 20 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h Coroner alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death: Pneumo-pneumonia
Due to Part known
Due to _____

8. AGE: Years Months Days If less than one day
2 28 hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy See - History & Inspection

9. Birthplace Granville city mo.
(City, town, or county) (State or foreign country)

11. Industry or business _____

MOTHER FATHER

12. Name Frank Baker
13. Birthplace Do not know
(City, town, or county) (State or foreign country)
14. Maiden name Quanta Phillips
15. Birthplace Jenn mo.
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Quanta Baker
(b) Address 1142 E. Mo. ave.
17. (a) Burial (b) Date thereof 3/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fun home

23. Signature James W. Walker (M. D. or other) 3 Cornei
Address 1424 Poplar St Date signed 3-18-45

18. (a) Signature of funeral director Carson's Bros
(b) Address 14. C. mo
19. (a) 3-19-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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 Francis Walter

Licensed Embalmer No 2744

P. O. Address W. C. Moore

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.