

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

FILED MAR 22 1945

State File No. _____

Registration District No. _____

Primary Registration District No. 3003

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Berry
 (b) City or town Monette
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Vincents
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether
 In this community 2 days
 years, months or days)

8. (a) PRINT FULL NAME Joseph Francis Baker

9. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Infant
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 17 1945
 (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Baker
 13. Birthplace Newton Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Marie Nimsick
 15. Birthplace Newton Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Frank Baker
 (b) Address Wentworth Mo.

17. (a) Burial (b) Date thereof 2/21/45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Patricks Cemetery

18. (a) Signature of funeral director Pierce City Mo.
 (b) Address _____

19. (a) Feb-20-1945 (b) Audna K. Holloughly
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton
 (c) City or town Wentworth (Rural)
 (If outside city or town limits write "RURAL")
 (d) Street No. 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
 year 1945 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from Feb 18
 1945 to Feb 19 1945;
 that I last saw him alive on Feb 19 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction due to patent coronary aorta
 Due to Coronary
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 172
 Of autopsy 12
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1
 23. Signature Frank Baker (M. D. or other)
 Address Monett Mo Date signed 2/21/45

RECEIVED

District Health Officer No. 6,

District File Number 345-330

Date Filed MAR 19 1945

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.....

Not Embalmed Registered Apprentice No.....
working under my personal supervision.

Signed

Richard D. Kimmey

Licensed Embalmer No. 3822

P. O. Address Home City

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, above space should be left blank.