

Registration District No. **139**

Primary Registration District No. **4771**

1. PLACE OF DEATH:

(a) County **Holt**
(b) City or town **Mound City**
(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) **1**
(d) Length of stay: In hospital or institution **1 Year.** (Specify whether
In this community **1** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Holt**
(c) City or town **Mound City.**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) **110,**
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Charles Frank 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 **Martha M. Baker** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **March 10 1874**
(Month) (Day) (Year)

8. AGE: Years **71** Months **2** Days **9** If less than one day
hr. min.

9. Birthplace **Seline Co. Mo. D**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **Joseph W. Baker**
13. Birthplace **Ill. I**
(City, town, or county) (State or foreign country)
14. Maiden name **Lillian Anderson**
15. Birthplace **Ill. I**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Martha Baker**
(b) Address **Mound City, Mo.**
17. (a) **Burial** (b) Date thereof **May 21 45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Maitland Mo.**

18. (a) Signature of funeral director **W. H. Crawford**
(b) Address **Mound City, Mo.**

19. (a) **5-21-45** (b) **Pauline Dawson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **18** year **1945** hour **02** minute **30A** M.

21. I hereby certify that I attended the deceased from **17** 1945 to **May 18 1945**
that I last saw him alive on **May 17 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary artery occlusion** Duration **24 hrs**

Due to

Due to

Other conditions (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?

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

23. Signature **P. J. Perry** (M. D. or other) **MD**
Address **Mound City, Mo** Date signed **5-19-45**

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.