

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19796
Registrar's No. 49

JUL 11 1945

Primary Registration District No. 5078

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

1. PLACE OF DEATH:

(a) County BATES
(b) City or town RURAL - DEEPWATER TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community LIFE
years, months or days)

3. (a) PRINT FULL NAME GEORGE WASHINGTON BAKER

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

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NOLA BAKER 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July 20 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 10 25 hr. min.

9. Birthplace BATES COUNTY, MO. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Z. BAKER
13. Birthplace INDIANA (City, town, or county) (State or foreign country)
14. Maiden name MARTHA HALE
15. Birthplace INDIANA (City, town, or county) (State or foreign country)

16. (a) Informant NOLA BAKER
(b) Address SPRING MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof June 16, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation OAKHILL CEM.

18. (c) Signature of funeral director Booth Funeral Home

(b) Address Burles, Miss.

19. (a) June 18, 1945 (Date received local registrar) (b) Pauline Livingston (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1945 hour 3 minute AM

21. I hereby certify that I attended the deceased from May
to June 15, 1945 to _____, 19____;
that I last saw him alive on June 15, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Phthisis Phthisis Duration _____

Due to Phthisis Phthisis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None 136
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 place of place) Means of injury _____

23. Signature Pauline Livingston (M. D. or other) _____
Address Burles, Mo. Date signed 6-15-45

JUN 21 1948

REF

DEPT

Officer No. 7,

6-45-611

7-10-45

JUN 15 1948

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

John G. Underwood

Licensed Embalmer No.

3585

P. O. Address

Butler 2nd -

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.