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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21527

FILED JUN 22 1945

Registration District No.

Primary Registration District No. 45-F66189 Registrar's No. 48

1. PLACE OF DEATH: Taney
(a) County
(b) City or town Ozark Beach
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Forsyth Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) years

2. USUAL RESIDENCE OF DECEASED: 106
(a) State Missouri (b) County Taney
(c) City or town Forsyth
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Miles Baker
3. (b) If veteran, name war
3. (c) Social Security No. 493-16-6974
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edgeta Baker
6. (c) Age of husband or wife if alive 42 ~~Sept 14 1902~~ years
7. Birth date of deceased October (Month) 22 (Day) 1901 (Year)

8. AGE: Years 43 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Chadwick (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Employee of Powersite Dam
11. Industry or business
FATHER
12. Name George O. Baker
13. Birthplace Taney County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Ida Mae Box
15. Birthplace Christian County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant George O Baker
(b) Address Chadwick, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Chadwick
18. (a) Signature of funeral director Harry Forsyth
(b) Address Forsyth Mo
19. (a) 5-25-45 (Date received local registrar) (b) Louise Forsyth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1945 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from at Death Only May 19, 1945, to , 19 ; that I last saw h alive on Dead , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Drowned.

Due to Fell into lake and was pulled into the power intake wheel gates

Other conditions Head Bruised.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 106
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence May 19 — 1945
(c) Where did injury occur? Ozark Beach Dam (City or town) Taney (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place — Power Dam (Specify type of place)
While at work? Yes (e) Means of injury Drowned
23. Signature Harry Forsyth 2 (Coroner)
Address Forsyth Mo Date May 19-1945

1376 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 645-727
Date Filed JUN 20 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Minnie L. Whitehead

Licensed Embalmer No. 2277

P. O. Address Branson Mo

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.