

FILED AUG 18 1945 STANDARD CERTIFICATE OF DEATH

State File No. 26708

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
425 N. Washington St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Clarence Oscar Baker

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Kate Baker 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 2, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 18 hr. min.

9. Birthplace Lewis County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

12. Name Sehh Baker

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Massey

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof July 24, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Long Branch, Mo.

18. (a) Signature of funeral director Tail T. Smith

(b) Address Mexico, Mo.

19. (a) 7-23-45 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town St. James
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 45 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 19 1945 to July 22 1945
that I last saw him alive on July 19 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
Duration

Due to

Due to

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

Major findings: Arterio Sclerosis
Of operations

Of autopsy 4/4

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?

(Specify type of place) While at work? (Specify type of place) (e) Means of injury 0

23. Signature R. S. Williams (M. D. or other) M.D.
Address Mexico, Mo. Date signed 7/22/45

RECEIVED

District Health Officer No. 18

District File Number 8-42-125

Date Filed AUG 16 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.....

.....Earl E. Precht....., Registered Apprentice No.....,
working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.