

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31241

State File No. _____

Registration District No. 290

Primary Registration District No. 5787

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural Union Twp
(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)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Madison Clark 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 Zella Baker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 24 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 21 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Baker

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

14. Maiden name Martha Eiders

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

16. (a) Informant Mrs. Zella Baker

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 8/17/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seaton

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 8-20-1945 (b) John M. Dodd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 15
year 1945 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 1st, 1945 to Aug 15 - 1945
that I last saw him alive on Aug 15 - 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Initial Insufficiency Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 92b

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 W. G. Under (M. D. or other) _____

Address Dixon, Mo Date signed 8/15/45

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

1170

(Licensed Embalmer's Statement on Reverse Side)

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

Aug - 15 - 45
working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 2341

P. O. Address Dixon, Missouri

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.