

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

37505

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH
(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3.5 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Jasper
(If outside city or town limits, write "RURAL")
(d) Street No. 2035 (If rural, give location)
(e) Citizen of foreign country? n (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Lawrence Baker
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 29 year 1945 hour 4:35 minute 20 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary C. Baker
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Sept 9 1885
(Month) (Day) (Year)

that I last saw him alive on 29 Nov, 1945; and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 2 Days 20 If less than one day hr. _____ min. _____

Immediate cause of death Acute toxic myocarditis Duration 12 hrs
Due to Intestinal obstruction 2 days
Due to Prob. Ca of S. I. tract ?

9. Birthplace Paul Junction, Missouri
(City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death)
Major findings: None
Of operations _____
Of autopsy _____

10. Usual occupation Farmer

11. Industry or business W. M. Baker & Sons Co.

MOTHER FATHER
12. Name John Baker
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Larasell
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mary C. Baker
(b) Address Jasper, Mo.
17. (a) Bud W. (b) Date thereof 12-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Joe Cemetery

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? _____

18. (a) Signature of funeral director W. H. Clark
(b) Address W. H. Clark
19. (a) 12-3-45 (b) Ed J. Jones
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. Steere (M. D. or other)
Address Springfield, Mo. Date signed 30 Nov 45

1404 (Licensed Embalmer's Statement on Reverse Side)

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

19
2
5

45-11-922

JAN 29 1959

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 myself
Registered Apprentice No. _____
working under my personal supervision.

Signed Clayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb City 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.