

S. No. 2  
M-5-43  
5-17-39  
I X3667

State File No. \_\_\_\_\_  
Registrar's No. 10

FILED JAN 14 1946

Registration District No. 07 Primary Registration District No. 5270

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town rural Lincoln Mo.  
(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 50 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Thomas Baker

3. (b) If veteran, name war X

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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June, 4, 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	6	19	hr. _____ min.

9. Birthplace Ohio /  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Thomas Baker

13. Birthplace England 4  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Austin Wilkins

(b) Address Billings, Mo. R#1

17. (a) burial (b) Date thereof Dec. 26, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wise Hill cem.

18. (a) Signature of funeral director T.W. Maple's

(b) Address Clever, Mo.

19. (a) Dec. 26, 1945 (b) Mrs. Aline Wicher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian 22

(c) City or town rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Billings, R#1 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 Dec. day 23  
year 1945 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 17, 1939, to Dec. 23, 1945  
that I last saw him alive on Dec. 23, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Arterio sclerosis  
High blood pressure

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy A

Duration \_\_\_\_\_

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 P.W. Marshall (M: D. or other) S.O.

Address Billings, Mo. Date signed 12/23/45

RECEIVED

District Health Officer No. 6;

District File Number 146-48

Date Filed JAN 9 1946

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 *J. W. Maples*

Licensed Embalmer No. 2985

P. O. Address. Clever, 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.