

FILED JAN 14 1946

Registration District No. **245**

Primary Registration District No. **3047**

Registrar's No. **152**

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Madison**
 (c) City or town **Princeton**
(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

3. (a) PRINT FULL NAME **William Franklin Baker**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **191-05-8472**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **1st**
 year **1945** hour **11** minute **40 P.** M.
21. I hereby certify that I attended the deceased from **Aug 21**
 19**45** to **Sept 1st** 19**45**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **D. 3**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Feb 22 - 1916**
(Month) (Day) (Year)

that I last saw him alive on **Sept 1st** 19**45** and that death occurred on the date and hour stated above.

8. AGE: Years **29 1/2** Months **9** Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death **Bilateral Phenomenia Labor**
 Duration _____

9. Birthplace **Princeton, Mo.**
(City, town, or county) (State or foreign country)

Due to **unknown**
 Due to **unknown**

10. Usual occupation **laborer**

Other conditions **none**
(Include pregnancy within 3 months of death)

11. Industry or business **same**

Major findings: Of operations **none** 108
 Of autopsy **none**

12. Name **Merston Baker**

13. Birthplace **Princeton, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Leato**

15. Birthplace **Princeton, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. M. Baker**
 (b) Address **Princeton, Mo.**

17. (a) **Burial** (b) Date thereof **9-3-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **H. M. Grubbs**
 (b) Address **Princeton, Mo.**

19. (a) **Dec 28, 1945** (b) **Melvin C. Bowman**
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury _____
 23. Signature **Melvin C. Bowman** M. D. or other **MD**
 Address **Web-sho, Mo** Date signed **12-28-45**

MOTHER, FATHER

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

RECEIVED

District Health Officer No. _____
District File Number 1245-264
Date filed 1-10-46

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.