

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAR 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. **4955**

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 yrs
In this community 24 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(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 Joseph R. Baker
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Carrie
6. (c) Age of husband or wife if alive 1861 years
7. Birth date of deceased Feb 9 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 8
If less than one day hr. min.

9. Birthplace unknown Ill
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business
12. Name William B. Baker
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Morris
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jess Smith
(b) Address Gallatin, Mo.
17. (a) removal (b) Date thereof 2-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piolit Grove #1
18. (a) Signature of funeral director Claude Richard
(b) Address Excelsior Springs, Mo.
19. (a) 2/17/46 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB day 17th
year 1946 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb 16th
1946 to Feb 17th 1946
that I last saw him alive on Feb 16th
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiectasis
Due to arteriosclerosis
Due to condition aggravated by severe cold
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 97
Of autopsy

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? 0
(Specify type of place) (e) Means of injury
23. Signature J. M. Baker (M. D. or other) M.D.
Address Excelsior Springs, Mo. Date signed 2/18/46

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3960

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-8-46

1

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

E. S. White

Licensed Embalmer No.

4168

P. O. Address

Sevelson Springs, 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.