

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10321**
Registrar's No. **98**

FILED APR 12 1946

Registration District No. **2.74**

Primary Registration District No. **30.52**

1. PLACE OF DEATH:

(a) County **PETTIS**
(b) City or town **SEDALIA**
(c) Name of hospital or institution: **700¹/₂ SOUTH OHIO**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **LIFE**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **GEORGE LEEDY BAKER**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **491-07-7526**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **ALLIE**
6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **MARCH 22 1883**
(Month) (Day) (Year)

8. AGE: Years **63** Months **0** Days **7**
If less than one day hr. min.

9. Birthplace **SEDALIA MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **ELECTRICIAN**

11. Industry or business _____

12. Name **JAMES H. BAKER**

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

14. Maiden name **SELENA**

15. Birthplace **CHIMOIN MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. GEO. L. BAKER**

(b) Address **SEDALIA MISSOURI**

17. (a) **BURIAL** (b) Date thereof **4/1/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CROWN HILL**

18. (a) Signature of funeral director **Geo. Pellard**

(b) Address **SEDALIA**

19. (a) **3/30/46** (b) **Betty Yeager**
(Date received local registrar) (If Burial)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PETTIS**
(c) City or town **SEDALIA**
(If outside city or town limits, write "RURAL")
(d) Street No. **700¹/₂ SOUTH OHIO**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **29th**
year **1946** hour **6** minute **15** M.

21. I hereby certify that I attended the deceased from **Sept. 1946** to **3-29-46**
that I last saw him alive on **3-28-46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Mitral Stenosis**
Due to **Acute Mitral Stenosis**
Due to **Hypertension**
Other conditions **Chronic Infect. Myocarditis**
(Include pregnancy within 3 months of death)

Major condition of operations **Malignancy of Lung?**
Of autopsy **none**

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 **Frank B. Long** (M. D. or other)
Address **Sedalia, Mo.** Date signed **3/30/46**

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

80
66
4

92-1

80
6
4
0

Duration

24
2 yrs
you?

PHYSICIAN

Underline the cause to which death should be charged statistically.

251

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

MAY 6 1948

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 _____

L. T. Parker
Licensed Embalmer No. 3840

P. O. Address _____

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.