

U.S. No. 2
OM-5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1:15 070
10322
State File No.

FILED APR 12 1946

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 90

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1200 S. Massachusetts /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME William Baker

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Cora Baker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 16 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Retired Letter Carrier

11. Industry or business

MOTHER FATHER

12. Name John Baker
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Miller
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Baker
(b) Address 901 S. Quincy, Sedalia, Mo.

17. (a) Burial (b) Date thereof March 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director. McLaughlin Bros.
(b) Address Sedalia, Missouri

19. (a) 3-22-46 (b) Betty Yeager
(Date received local registrar) (Deputy Registrar's signature)

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. 1200 S. Massachusetts
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20
year 46 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 1942 to Mar 20, 1946
that I last saw him alive on Mar 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic enteritis
Duration

Due to Atherosclerosis &
Superficial

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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 J. W. Boger (M.D. or other)
Address Sedalia Mo Date signed 3-20-46

RECEIVED
District Health Officer No. 6.
District File Number _____
Date Filed 4-11-46

8-10-46
Jm

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. 3153

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.