

FILED APR 17 1946

State File No. _____

Registration District No. 15

Primary Registration District No. 5074

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural Union Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mile South of Iwain, Mo. on
(If not in hospital or institution, write street number or location)
highway 71.
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Minnesota (b) County Traverse 999
(c) City or town Tintah 211
(If outside city or town limits, write "RURAL")
(d) Street No. Rural R.R. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th.
year 1946 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death:
Fracture of 3rd Rib - Entire
top of rib caved
Due to fracture of left
multiple
leg -
Death was instantaneous

Duration

Other conditions:
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Accident 6
(b) Date of occurrence 3-12-46
(c) Where did injury occur? Barton Co., U.S. 71
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
U.S. Hiway 71 North of Iamar, Mo.
While at work _____ (Specify type of place)
(e) Means of injury Wreck

23. Signature P. E. Dierckx (M. D. or other) MD
Address Iamar, Missouri Date signed 3/12/46

3. (a) PRINT FULL NAME Luverna Leeland Daker

3. (b) If veteran, name war World War II 3. (c) Social Security No. 470-18-0366

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Daker Unknown 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased: January 17 1920
(Month) (Day) (Year)

8. AGE: Years 26 Months 1 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Pelican Rapids, Minn. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name John Daker
13. Birthplace Minn. (City, town, or county) (State or foreign country)
14. Maiden name Lelia Daker
15. Birthplace Minn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Daker McCain
(b) Address R. 1 Tintah, Minn.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-14-46 (Month) (Day) (Year)

(c) Place: burial or cremation Tintah, Minn.

18. (a) Signature of funeral director Gibson Funeral Home

(b) Address Lamar, Missouri

19. (a) 3-14-46 (Date received local registrar) (b) Marie Konantz (Registrar's signature)

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

2-43
17-39
X35697

RECEIVED

District Health Officer No. 8;

District File Number 446-428

Date Filed APR 12 1946

SEP 21 1946

APR 18 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  F. F. GIBSON

Licensed Embalmer No. 4137

P. O. Address St. Louis, Missouri

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *Mac*

Registration District No. *15*

Primary Registration District No. *5074*

Registrar's No. *148*

1. PLACE OF DEATH:

(a) County *Barton*
 (b) City or town *Rural*
(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 _____
years, months or days

3. (a) PRINT FULL NAME *Laverne L. Baker*
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *M*
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased *Jan 17*
(Month) (Day) (Year)

8. AGE: Years *26* Months _____ Days _____
If less than one day
 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 { 12. Name _____
 { 13. Birthplace (City, town, or county) (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* 2
 year *1946* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to *This man parked his car on highway no 21 - north of Hannas and was run into by a truck*

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____
 Duration *3 1/2*
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

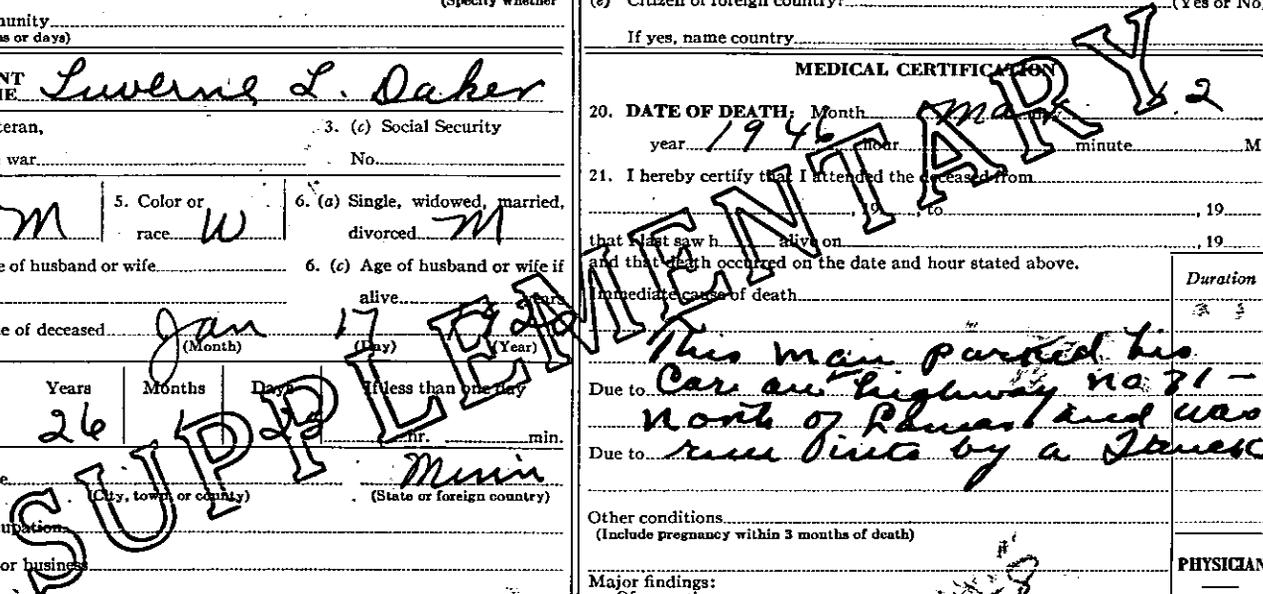
(a) Accident, suicide, or homicide (specify) *Accident*
 (b) Date of occurrence _____
 (c) Where did injury occur? *Barton Mo.*
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 21 - north of Hannas
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature *P. C. E. Duckett* (M. D. or other) *MD*
 Address *Hannas Mo.* Date signed *April*

Coroner Barton Co. Mo. 24-1946

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

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