

FILED JUN 10 1946

Registration District No. 20

Primary Registration District No.

3041

State File No.

Registrar's No.

75

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Bernie Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Lamaritan Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 (Specify whether)
In this community Everett
years, months or days

3. (a) PRINT FULL NAME FRANCIS BAKER

3. (b) If veteran, name war - 3. (c) Social Security No. 491-14-2982

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased 9 16 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 26 If less than one day hr. min.

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

10. Usual occupation coal miner

11. Industry or business

12. Name Albert E. Baker
13. Birthplace Delaware
(City, town, or county) (State or foreign country)
14. Maiden name Sarah M. Cross
15. Birthplace Callao Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Martin Baker
(b) Address Bernie Missouri

17. (a) Burial (b) Date thereof 5-14-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cemetery

18. (a) Signature of funeral director W. J. Edwards

(b) Address 1300 S. 1st St.

19. (a) May 16-46 (b) W. J. Edwards
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Bernie
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 12
year 1946 hour 5 minute 30 A.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 Hit by Automobile - chest crushed
July 9, 1946
Due to (Unavoidable Accident)

Due to

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:

(c) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 5-12-46

(c) Where did injury occur? Bernie Macon Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Hqs # 36 Intersecting Hwy. 40
(Specify type of place)

While at work? no (e) Means of injury Crushed chest

23. Signature W. J. Edwards Concord

Address Bernie, Mo Date signed 5/13/46

RECEIVED

Health Officer No. 10

District File Number B-46-1122

Date Filed JUN 6 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

H. G. Edwards

Licensed Embalmer No.

1961

P. O. Address

Reverie, 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.