

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED JUL 12 1948 STANDARD CERTIFICATE OF DEATH

State File No. **21115**

Registration District No. **277**

Primary Registration District No. **5948**

Registrar's No. **41**

1. PLACE OF DEATH:

(a) County **Pike**
(b) City or town **Rural Ashley**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Pike Co. Infirmary.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Weeks.**
(Specify whether years, months or days)
In this community **30 years**

3. (a) PRINT FULL NAME **CHARLES BAKER**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 2 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased **August 30 1869**
(Month) (Day) (Year)

8. AGE: Years **76** Months **10** Days **22** If less than one day hr. _____ min. _____

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

10. Usual occupation **Hired Hand On Farm**
Farming

11. Industry or business _____

12. Name **Unknown** 9
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown** 9
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bertie Bowman**

(b) Address **Curryville Missouri**

17. (a) **Burial** (b) Date thereof **June 24, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Riverview Cemetery**
Garner & Sterne

18. (a) Signature of funeral director **Louisiana Missouri**

(b) Address _____

19. (a) **7-5-46** (b) **Bill Robinson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pike** 82
(c) City or town **Louisiana** 2
(If outside city or town limits, write "RURAL")
(d) Street No. **14th. Street.** 1
(If rural, give location)
(e) Citizen of foreign country? **Yes!** 0
(Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **22**
year **1946** hour **4** minute **15** M.

21. I hereby certify that I attended the deceased from **JAN 4** 19**46** to **6/13/46** 19**46**
that I last saw him alive on **5/10/46** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia, Stomach** 6-11
Due to _____

Due to _____

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

Major findings: Of operations **4/18**

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? **Yes** (Specify type of place) Means of injury **2**

23. Signature **Bill Robinson** (M. D. or other) **6/23/46**

Address **Curryville Missouri** Date signed **6/23/46**

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

254

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 7-46-1332

Date Filed JUL-11-1946

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, only

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed J. B. Stine

Licensed Embalmer No. 4039

P. O. Address Lancaster, Pa.

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.