

S. No. 2
M-5-43
7-5-17-39
X3667

FILED AUG 7 1946

Registration District No. **73** Primary Registration District No. **3036**

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

1. PLACE OF DEATH:

(a) County Laurens

(b) City or town Aurora Mo
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laurens

(c) City or town Aurora
(If outside city or town limits, write "RURAL")

(d) Street No. R. M. Nett Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Baker

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

4. Sex Male 5. Color or race A

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 Dec 25 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Baker

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

14. Maiden name Mary Irish

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Ridley

(b) Address Aurora Mo Rt 2

17. (a) Burial (b) Date thereof 6/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Walter L. Marsh

(b) Address Aurora Mo

19. (a) July 1-1946 (b) Rose M. Nett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day about 15 year 1946 hour not known 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 Not known but from history is probable heart attack

Due to _____

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:

(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 Coroner

23. Signature Herman Burdige (M.D. or other)

Address Aurora Mo Date signed July 17/46

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RECEIVED
District Health Officer No. 6,
District File Number 746-796
Date Filed JUL 30 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 _____

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

Signed Brian S. Marsh

Licensed Embalmer No. 3872

P. O. Address Quincy, 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.