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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

State File No. 31155

FILED OCT 7 1946

Registration District No. 2 8 0

Primary Registration District No. 6-96b

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Platte

(b) City or town RURAL Preston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6 miles Northwest Smithville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6 miles Northwest Smithville 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME Thomas Jefferson Baber

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased May 19, 1859
(Month) (Day) (Year)

8. AGE: Years 87 | Months 3 | Days 30 | If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business FARMING

FATHER
12. Name Robert Baber
13. Birthplace Platte County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emeranda Kimsey
15. Birthplace Platte County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant David F. Baber

(b) Address Edgerton, Missouri R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Platte Co., Mo.; Smith Cem.

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

(b) Address Smithville, Missouri

19. (a) Sept 22-46 (Date received local registrar) Mrs. Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18th day September
year 1946 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 11, 1946, to Sept 18, 1946
that I last saw him alive on Sept 17, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cor. Nephritis	
Due to Arteriosclerosis	
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?
(Specify type of place)

While at work in (e) Means of injury

23. Signature (M. D. or other)

Address Smithville Date signed 9/20/46

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Columbia, Mo.

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
Donald W. Hanks, Registered Apprentice No. 425,
working under my personal supervision.

Signed Owen J. Boggeson Jr.
Licensed Embalmer No. 3940
P. O. Address Smithville, 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.