

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Butler Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether
In this community life
years, months or days)

3. (a) PRINT

FULL NAME James H. Baker

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alma E. Baker 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased May 8 - 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 0 hr. min.

9. Birthplace Bates - Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

12. Name J. Baker

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

14. Maiden name Martha Hale

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

16. (a) Informant Mrs. J. H. Baker

(b) Address Butler Mo.

17. (a) Burial (b) Date thereof Oct. 10 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver Underwood

(b) Address 210 N. Main Butler, Mo.

19. (a) 10-14-46 (b) Funeral Home
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7
(c) City or town Butler 1
(If outside city or town limits, write "RURAL")
(d) Street No. 103 E. Pleasant 1
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th
year 1946 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 22 1946 to Oct 8 1946
that I last saw him alive on Oct. 8 1946
and that death occurred on the date and hour stated above.
Immediate cause of death

Hypertensive Bronchitis
Due to pneumonia (Bilateral)

Due to Fatigue left hip
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 186A
Of autopsy 13
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) fractured hip
(b) Date of occurrence Sept 22, 1946
(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (e) Means of injury fall

23. Signature Dr. J. L. Gules (M.D. or other)
Address Butler, Mo Date signed 10/14/46

Date Filed 10-25-46
District File No. 9-46-1094
City Health Officer No. 7

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

John G. Underwood

Licensed Embalmer No.

3585

P. O. Address

Butler, 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.