

State File No. ....

Registrar's No. ~~117~~ 118

**FILED** OCT 17 1946  
157

Registration District No. ....

Primary Registration District No. 3040

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

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:  
212 Herriman Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 212 Herriman Street  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK JOEL BAKER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 521-14-080

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th  
year 1946 hour 9 minute 45 A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rachel Baker

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 26 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 4 1946 to Oct 7 1946  
that I last saw him alive on Oct 7 1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>3</u>	<u>11</u>	hr. _____ min.

Immediate cause of death Angina Pectoris acute

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Mill Worker

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James P. Baker

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

14. Maiden name Georganna Brown

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 10-11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

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? \_\_\_\_\_

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

(b) Address Chillicothe, Missouri

19. (a) Oct 8-46 (b) Frances B. Mullen  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury 2

Signature W. McCreath (M. D. or other) \_\_\_\_\_

Address Chillicothe, Mo. Date signed 10-8-46

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**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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..... *Elton J. Neuman* .....

Licensed Embalmer No..... 4036 .....

P. O. Address..... Chillicothe, 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:** *NA 031115*