

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
**FILED NOV 12 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35827**

Registration District No. **337** Primary Registration District No. **6145** Registrar's No. **107**

1. PLACE OF DEATH:  
(a) County **Shelby County**  
(b) City or town **Lakenan, Mo.**  
(c) Name of hospital or institution **None**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
In this community **55 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Shelby**  
(c) City or town **Lakenan, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **None** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Wesley Baker**  
(b) If veteran, name war **X**  
(c) Social Security No. **X**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **2nd**  
year **1946** hour **6** minute **30 A.M.**  
21. I hereby certify that I attended the deceased from **Sept 3;**  
**1946** to **Oct 1946**  
that I last saw him alive on **Oct 1946**  
and that death occurred on the date and hour stated above.

4. Sex **Male** ( ) 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
(b) Name of husband or wife **Mayme Baker**  
(c) Age of husband or wife if alive **60** years  
7. Birth date of deceased **December 7th 1861**  
(Month) (Day) (Year)

Immediate cause of death **Apoplexy**  
Due to **Hyper tension**  
Due to **Chronic Nephritis**  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: **13/10**  
Of operations  
Of autopsy

8. AGE: **84** Years **9** Months **25** Days  
If less than one day hr. min.

9. Birthplace **Searsbora Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **II**

12. Name **John Baker**  
13. Birthplace **Penn.** (State or foreign country)

14. Maiden name **Gula Stanley**  
15. Birthplace **Ohio** (State or foreign country)

16. (a) Informant **Mrs. Wesley Baker**  
(b) Address **Lakenan Mo.**

17. (a) **Burial** (b) Date thereof **10-4-1946**  
(Burial, cremation or other) (Month) (Day) (Year)

(c) Place: burial or cremation **Kendal Cemetary**  
**Million & Barkdew**

18. (a) Signature of funeral director **Shelbina, Mo**  
(b) Address

19. (a) **Oct 29 46** (b) **Ruth Jaeger**  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury **2**  
23. Signature **S. P. Suijsson** (M. D. or other)  
Address **Shelbina Mo** Date signed **Oct 29 1946**

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

MOTHER FATHER

307

(Licensed Embalmer's Statement on Reverse Side)

NOV 6 1946

RECEIVED  
District Health Officer No. 10  
District File Number 10-46-2022  
Date Filed NOV - 8 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.....

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

Signed..... *E. L. Hawkins* .....

..... Licensed Embalmer No. *3498* .....

P. O. Address..... *Shelburne Vt* .....

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.