

FILED NOV 19 1946

Registration District No. **133**

Primary Registration District No. **5490**

Registrar's No. **108**

1. PLACE OF DEATH:

(a) County **Harrison**
(b) City or town **New Hampton White Oak Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North part of New Hampton 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **2.5 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison 41**
(c) City or town **New Hampton**
(If outside city or town limits, write "RURAL")
(d) Street No. **North part of New Hampton**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Henry Baker**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M 1**
(b) Name of husband or wife **Lima Elizabeth Baker** 6. (c) Age of husband or wife if alive **84** years
7. Birth date of deceased **Oct 18 1855**
(Month) (Day) (Year)

8. AGE: Years **91** Months _____ Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Jackson County - Iowa 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry Baker**
13. Birthplace **Iowa 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Nanny Groves**
15. Birthplace **Iowa 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Baker**

(b) Address **New Hampton Mo**

17. (a) **Burial** (b) Date thereof **Oct 25 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wesley Chapple**

18. (a) Signature of funeral director **W. J. Noble**

(b) Address **New Hampton Mo**

19. (a) **11/1/46** (b) **Jola Burx (ly Hook)**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **24**
year **1946** hour **1** minute **30** AM.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on **Oct 10**, 19**46**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Interstitial Nephritis
and Cystitis.**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **131A**
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 _____

23. Signature **W. J. Noble** (M. D. or other) _____
Address **New Hampton** Date signed **Oct 24**

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

35386

116

JAN 19 1950

DISTRICT HEALTH OFFICE
Cameron, 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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed W. H. Noble

Licensed Embalmer No. 2904

P. O. Address 76 W Hampton

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.