

FILED DEC 6 1948

Primary Registration District No. 3048

1. PLACE OF DEATH:
 (a) County Wodaway
 (b) City or town Maryville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 2 weeks
 all life (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Edward Baker
 3. (b) If veteran, name war ---
 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 Sarah Ellen Baker
 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased: January 1, 1865
 (Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 14
 If less than one day hr. _____ min. _____

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

10. Usual occupation retired laborer

11. Industry or business _____

12. Name Barney Baker

13. Birthplace unknown

14. Maiden name Minerva Glover

15. Birthplace Gentry County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Ellen Baker

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 11-18-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill cemetery

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

(b) Address Maryville Mo.

19. (a) Nov 20 - 46 (b) Bess Holt
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Wodaway
 (c) City or town Maryville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 422 East Thompson
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 15
 year 1948 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 3
1948, to Nov. 15, 1948
 that I last saw him alive on Nov. 15, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 12 days

Due to chronic myocarditis + arteriosclerosis

Due to _____

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

Major findings: Of operations g3D
 Of autopsy _____

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? 11

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W.C. Bauman (M. D. or other) MD

Address 131 Joplin, Maryville Date signed 11/16/48

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

36641

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

Signed..... *Clara M. Price*

Licensed Embalmer No. *1822*

P. O. Address..... *Mayville 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.