

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **39512**  
 Registrar's No. **176**

FILED DEC 11 1946

Primary Registration District No. **3002**

1. PLACE OF DEATH:

(a) County **Audrain**  
 (b) City or town **Mexico**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**201 S. Western**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME **HENRY McKINLEY BAKER**

3. (b) If veteran, name war **World War I** 3. (d) Social Security No. **498-05-2383**

4. Sex **M** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **M**  
 6. (b) Name of husband or wife **Ora Bell Baker** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **May 30, 1897**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**49 6 2** hr. min.

9. Birthplace **St. Louis, Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **H. R. Laborer**

11. Industry or business **Alton R. R.**

12. Name **Henry Baker**

13. Birthplace **Callaway County, Mo.**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Laura Marshall**

15. Birthplace **Callaway Co. Mo.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Ora Bell Baker**

(b) Address **Mexico, Mo.**

17. (a) **Burial** (b) Date thereof **12/5/46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Chas. ...**

(b) Address **Mexico, Mo.**

19. (a) **12/5/46** (b) **Blanche Neely**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **AUDRAIN**  
 (c) City or town **MEXICO**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **201 S. WESTERN**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **2**  
 year **1946** hour **5** minute **0** M.

21. I hereby certify that I attended the deceased from **Coroner Case**, 19 \_\_\_\_\_

that I last saw him alive on \_\_\_\_\_, 19 \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Heart found dead in his home, sitting in a chair. History of an enlarged heart. No evidence of fight, play or any kind of violence.**  
 (The jury) **none**  
 Other conditions (Include pregnancy within 3 months of death) **none**

Major findings: Of operations **none**

Of autopsy **none** **2-0-13**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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?

(Specify type of place) While at work? **no** (e) Means of injury **Coroner**

23. Signature **S. C. Adams** (M. D. or other) **Coroner**  
 Address **Mexico Mo** Date signed **12-3-46**

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

JAN 13 1947

RECEIVED  
District Health Officer No. 10  
District File Number 12-46-2216  
Date Filed DEC 10 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 Clara Arnold

Licensed Embalmer No. 3569

P. O. Address Mexico 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.**