

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED JAN 2 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41114**

Registration District No. **169**

Primary Registration District No. **4261**

Registrar's No. **84**

1. PLACE OF DEATH:

(a) County **Knox**
 (b) City or town **Hurdland**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **56 yrs**
 In this community **56 yrs**
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Sidney Freeman Baker

3. (b) If veteran, name war **1** 3. (c) Social Security No. **1**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Hettie May Bishop** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **April - 16 - 1872**
 (Month) (Day) (Year)

8. AGE: Years **74** Months **8** Days **3** If less than one day **hr. min.**

9. Birthplace **Tioga Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer-retired.**

11. Industry or business **F.**

12. Name **Ben Baker**

13. Birthplace **Doddridge County, W. Va.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary Ann Beverlin**

15. Birthplace **uk W. Va.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Carl E. Baker**

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

17. (a) **Burial** (b) Date thereof **Dec-21-1946.**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Beeridge, Knox Co.**

18. (a) Signature of funeral director **Keith Anderson**

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

19. (a) **Dec-21-46** (b) **Paul S. Wrenn**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri (b) County **Knox**
 (a) State (c) City or town **Hurdland**
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) **U**
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **19**
 year **1946** hour **11:45** minute **P. M.**

21. I hereby certify that I attended the deceased from **June 20**
 19 **40** to **December 18** 19 **46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Parkinson's disease**
Alzheimer Duration **8 years**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **gpc**

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) Means of injury **2**

23. Signature **Wm. W. Flebier** (M. D. or other) **29.**
 Address **Hurdland, Mo.** Date signed **12/24/46**

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

RECEIVED
District Health Officer No. 10
Date Recd. 12-46-2365
DEC. 31 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 Keith Hudson
Licensed Embalmer No. 2413
P. O. Address Edina, 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.