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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947
133

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43481
Registrar's No. 6

Registration District No. 133 Primary Registration District No. 3022

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

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany
(c) Name of hospital or institution Reid.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 hours.
In this community 18 hours.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Oliver Baker
3. (b) If veteran, name war no 3. (c) Social Security No. no
4. Sex male. 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years
7. Birth date of deceased 7 - 25 - 1946
(Month) (Day) (Year)

8. AGE: Years 0 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

12. Name Milton Baker
13. Birthplace Harrison County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Bowles
15. Birthplace Blythedale, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Milton Baker
(b) Address Blythedale, Mo.

17. (a) Burial (b) Date thereof 12-31-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Hill Blythedale

18. (a) Signature of funeral director [Signature]
(b) Address Bethany, Mo.

19. (a) Jan 16 - 1947 (b) Jola Burris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison
(c) City or town Rural (Colfax Twp).
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 miles north of Blythedale.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 30
year 1946 hour 2:05 minute P.M.
21. I hereby certify that I attended the deceased from 12-29 1946 to 12-30 1946
that I last saw him alive on 12-30 1946
and that death occurred on the date and hour stated above.
Immediate cause of death: Circulatory Failure
terminal lobar pneumonia
Other conditions: Infantile Eczema
(Include pregnancy within 3 months of death)

Major findings:
Of operations: [Signature]
Of autopsy: [Signature]
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: Alden Hanks (M. D. or other) [Signature]
Address: Bethany Mo. Date signed: 1-2-47

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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..... *W. S. Laws*

Licensed Embalmer No. *3899*

P. O. Address *Bethany 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.