

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3915

State File No. _____

FILED FEB 20 1947

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Boone County Hospital 0
(If not in hospital or institution, write street number or location)
4 Days

(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community 8 Years _____
years, months or days)

3. (a) PRINT FULL NAME SPEED MITCHELL BAKER JR.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 - 21 - 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 2 18 _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER { 12. Name Speed Mitchell Baker 0

13. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Dollie Mae Chick

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

16. (a) Informant Speed M. Baker

(b) Address Route 2, Columbia, Mo.

17. (a) Burial (b) Date thereof 2-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Parker Funeral Service
Columbia, Mo.

(b) Address _____

19. (a) 2-10-47 (b) Mrs. R E Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 1
(If outside city or town limits, write "RURAL")
Route 2

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1947 hour 7 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb 8
1947 to Feb 9 1947

that I last saw him alive on Feb 9 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Peritonitis, acute c
abscess
ruptured appendix

Due to gangrene of appendix

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

Major findings: As above 121

Of operations _____

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:

(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? _____ (Specify type of place)

23. Signature James McAdor (M. D. or other) MD
Columbia Mo Address _____ Date signed FEB 10 1947

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(Licensed Embalmer's Statement on Reverse Side)

Date Filed 2-18-47

District File Number _____

District Health Officer No. 9th

RECEIVED

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 Tom M. Long

Licensed Embalmer No. 7067

P. O. Address Columbia 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.