

FILED MAR 21 1947

Registration District No. 159

Primary Registration District No. 5591

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Victoria
(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 2 1/2 years (Specify whether years, months or days)

In this community 2 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson 50

(c) City or town Victoria 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: _____

3. (a) PRINT FULL NAME CHARLES MELTON BAKER

3. (b) If veteran, name war: _____

3. (c) Social Security No. 498-22-4475

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: Oct. 27 1925
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>4</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace Victoria Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Electrical Worker

11. Industry or business Emerson Elec. Co.

12. Name Walter Baker

13. Birthplace Bladell Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Dora Ayle

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

16. (a) Informant Marvin Baker

(b) Address Victoria Mo.

17. (a) Burial (b) Date thereof 3 15 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillsboro Mo.

18. (a) Signature of funeral director D. B. Dettmer

(b) Address De Soto Mo.

19. (a) 3/15/47 (b) Herbert Mersden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1947 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from 3-11-47
to 3-12 1947 to _____ 19____;
that I last saw him alive on 3-11-47 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Malignant Tumor of Brain

Due to _____

Due to _____

Other conditions 56 D
(Include pregnancy within 3 months of death)

Major findings: 2-2-27-
Of operations Removal of tumor
Of autopsy _____

Duration

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)
(e) Means of injury _____

23. Signature R. E. Pierce (M. D. or other) D. O.

Address De Soto, Mo. Date signed 3-12-47

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

MOTHER, FATHER

50
00
00

14

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..... *Donnell B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address..... *Depto 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.