

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16468

State File No.

Registration District No. 32

Primary Registration District No. 5111

Registrar's No. 34

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town RURAL LIBERTY TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME STANIE MELCAME BAKER

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

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

6. (b) Name of husband or wife SAMUEL P. BAKER 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased JULY 3 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation H.W.F.

11. Industry or business _____

12. Name WESLEY EAKER

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

14. Maiden name MISSOURI SHELL

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

16. (a) Informant JOHN BAKER

(b) Address SANK, Mo.

17. (a) BURIAL (b) Date thereof 5-5-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHELL CEM.

18. (a) Signature of funeral director BAKER FUNERAL HOME

(b) Address WATERSVILLE Mo.

19. (a) 5-13 1947 (b) Miss H. Vandenberg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BOLLINGER
(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR SANK
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 3 1947 year hour 2:06 minute PM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw CT alive on 5/2/47 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 John H. Vandenberg (M. D. or other) _____
Address Watersville Mo. Date signed 5/13/47

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

RECEIVED

District Health Officer No. 4
District File Number 547-214
Date Filed 5-20-47

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.