

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 4 1947

State File No. _____

Registration District No. 32

Primary Registration District No. 5112

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Bellinger
(b) City or town Green Allen
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME

NOAH BAKER

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

Rosett J. Baker

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased

March 10, 1879
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

68

3

5

hr. min.

9. Birthplace

Green Allen Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name

Henry Baker

13. Birthplace

Missouri
(City, town, or county) (State or foreign country)

14. Maiden name

Mary Baker

15. Birthplace

Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Rosett J. Baker

(b) Address

Green Allen Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof May 17, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation

Baptist Cemetery

18. (a) Signature of funeral director

A. J. Morgan

(b) Address

Adelphi Mo.

19. (a) May 19, 1947

(b) Miss H. Gaudinburg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bellinger
(c) City or town near Green Allen
(If outside city or town limits, write "RURAL")
(d) Street No. Lorauer Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1947 hour 1 minute 15 M.

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

that I last saw him alive on 5/14/47, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Heart Failure

Due to Chronic Hypertension

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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

John J. Thomas (M. D. or other)

Address

Adelphi Mo. Date signed 5/17/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4
District File Number 647-274
Date Filed 6-2-47

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.....

Lloyd S. Morgan, Jr., Registered Apprentice No. 430
working under my personal supervision.

Signed Lloyd S. Morgan

Licensed Embalmer No. 2861

P. O. Address Advocate, 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.