

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28608

FILED AUG 25 1947

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County PIKE
(b) City or town Bowling Green MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOLME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME WILLIAM BAKER

3. (b) If veteran, name war NO 3. (c) Social Security No. 110115

4. Sex MALE 5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Marjorie Banfill
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Aug 7th 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Madison Co. Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name William Baker

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

14. Maiden name Rebecca Carter

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

16. (a) Informant Mrs. Lola Jennings

(b) Address Bowling Green MO

17. (a) Burial (b) Date thereof 7-21-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Curryville Ind

18. (a) Signature of funeral director Wm. Banfill

(b) Address Bowling Green MO

19. (a) 8-16-47 (b) Bill Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike
(c) City or town Bowling Green
(If outside city or town limits, write "RURAL")
(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 7 day 19
year 1947 hour 10:45 minute 0 M.

21. I hereby certify that I attended the deceased from 1948
_____, 19____, to 7/19, 19____
that I last saw him alive on 7/19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Sclerosis
Sclerosis

Duration 10 yrs

Due to _____

Due to _____

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

Major findings: _____
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:

(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 W. M. Baker (M. D. or other) _____

Address Bowling Green MO Date signed 7/21/47

RECEIVED
District Health Officer No. 10
District File Number 8-47, 10-93
Date Filed AUG 22 1947

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..... *L. A. Rao*

Licensed Embalmer No. *30 x 4*

P. O. Address *Bassett Green*
M

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.