

No. 2
-12-45
-17-39
I X47070

FILED SEP 10 1947
Registration District No. **25**

Primary Registration District No. **6613**

Registrar's No. **27**

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Clifton Hill--rural
(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 years, months or days) (Specify whether

3. (a) PRINT FULL NAME Aubra Allen Baker
3. (b) If veteran. name war..... **3. (c) Social Security** No.....

4. Sex male **5. Color or race** white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jallie Lambeth Baker
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased January 6 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>7</u>	<u>25</u>	hr. min.

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

10. Usual occupation farmer

11. Industry or business

12. Name Richard Lewis Baker
13. Birthplace Clifton Hill Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nora Lee Baker
15. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Aubra A. Baker
(b) Address Clifton Hill, Missouri

17. (a) burial **(b) Date thereof** 9/2/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill, Missouri

18. (a) Signature of funeral director Tom G. Patton
(b) Address Hunterville, Mo

19. (a) 9/6/47 **(b)** Mrs. D. A. Bernhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Clifton Hill, Rural
(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 August day 31
year 1947 hour 12:50 P.M. minute..... M.

21. I hereby certify that I attended the deceased from Sept 1, 1947 to Aug. 31, 1947
that I last saw him alive on Aug. 31, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....
CARCINOMA PROSTATE & METASTASIS

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 A. M. P. Pains (M. D. or other) D.O.
Address Clifton Hill, Mo **Date signed** 9-1-47

Duration
4 YR
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

JAN 1 1952

RECEIVED
District Health Officer No. 1
District File Number 9-47-12
Date Filed SEP-9-1947

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 Tom B Patton
Licensed Embalmer No. 3914
P. O. Address Huntsville, W

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.