

S. No. 2
 1-12-45
 5-17-39
 I X47070

FILED OCT 13 1947

Registration District No. **497**

Primary Registration District No. **4165**

1. PLACE OF DEATH:
 (a) County **Daviess**
 (b) City or town **Gallatin**
 (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.....
 In this community **Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Walton Baker**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **495-61-6450**

4. Sex **Male** 5. Color or race **White**
 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 **August 18, 1902**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	1	1	hr. min.

9. Birthplace **Gallatin Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Furniture Store**

12. Name **James P. Baker**

13. Birthplace **Daviess County Missouri**
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary J. Walton**

15. Birthplace **Marion Virginia**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary J. Beck**

(b) Address **Gallatin, Mo.**

17. (a) **Burial** (b) Date thereof **9-5-1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brown Cemetery**

18. (a) Signature of funeral director **Hope Funeral Home**

(b) Address **Gallatin, Missouri**

19. (a) **9-15-47** (b) *Virginia M. English*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Daviess** **31**
 (c) City or town **Gallatin** **/**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. **---** (If rural, give location) **0**
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **2**
 year **1947** hour **6** minute **10** P. M.

21. I hereby certify that I attended the deceased from **June 1**
 19**46**, to **Sept 1** 19**47**;
 that I last saw him alive on **Aug 25** 19**47**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive heart failure, pulmonary edema** **6 weeks**
 Duration

Due to **Chronic nephritis** **5 yrs**
Chronic cholecystitis

Due to **Hyperlochia**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **131/10**

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. B. Baker* (D. O. or other)
 Address **Gallatin, Mo.** Date signed **9/17**

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

MOTHER, FATHER

FEB 25 1948

APR 10 1957

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. Dickerson

Licensed Embalmer No. *3302*

P. O. Address

Callatin, 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.