

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

42317

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Rural Middlefork 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 _____
years, months or days)

3. (a) PRINT FULL NAME Harvey M. Baker

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 6 17 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 4 13 hr. min.

9. Birthplace Atchinson Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Alexander Baker
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Ingles
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Lucretia M. Baker
(b) Address Excello, Mo.

17. (a) Burial (b) Date thereof 11 1 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview, Macon Co.

18. (a) Signature of funeral director W. S. K...

(b) Address 2222 Macon, Mo.

19. (a) 12/8/47 (b) W. S. K...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Excello Mo R7D.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1947 hour 5 minute 30 p.m.

21. I hereby certify that I attended the deceased from Aug 28, 1945, to Oct 30, 1947.
that I last saw him alive on Oct 30, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chronic Nephritis

Due to Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 121B

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? I

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. S. K... (M. D. of Health)

Address Macon, Mo. Date signed 12/8/47

RECEIVED
District File Number 1247-1747
DEC 15 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.....

Howard F. Myers....., Registered Apprentice No. 468
working under my personal supervision

Signed..... Albert Skinner

Licensed Embalmer No. 737

P. O. Address Macon

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.