No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 9 1948

Registration District No. 133

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3022

State File No. 884

Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Bethany
(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)
In this community: All life

2. USUAL RESIDENCE OF DECEASED: 41
(a) State: Missouri (b) County: Harrison
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: John Barney 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: Laura Ann Baker
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: November (Month) 27 (Day) 1867 (Year)

8. AGE: Years 80 | Months 1 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace: Harrison County, Missouri. 0
(City, town, or county) (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business .....
FATHER
12. Name: Cherles E. Baker
13. Birthplace: Ohio /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah Ellen Bain
15. Birthplace: Indiana
(City, town, or county) (State or foreign country)
16. (a) Informant: Laura Ann Baker
(b) Address: Cainsville, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 16 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Glaze Cemetery, Cainsville
18. (a) Signature of funeral director: E. J. Stoklasa
(b) Address: Cainsville, Missouri.
19. (a) Jan. 16-48 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 14th year: 1948 hour: 12 minute: 30 A. M.
21. I hereby certify that I attended the deceased from 9 Jan 48, 19..., to 14 Jan 19 48, that I last saw him alive on 13 Jan 19 48, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 wk.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place) 0
While at work? ..... (e) Means of injury .....
23. Signature: Louis R. Bunting (M. D. or other)
Address: Cainsville, Mo. Date signed: 1/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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~~ Eddie J. Stoklasa, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.