

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3877**

FILED MAR 6 1948

Registration District No. ....

Primary Registration District No. **5037**

Registrar's No. **351**

1. PLACE OF DEATH:

(a) County **Audrain.**  
(b) City or town **Rural Salt River Twp**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Moleno, Missouri R.F.D.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **40 Yrs.**  
(Specify whether years, months or days)  
In this community.....

3. (a) PRINT FULL NAME **John Henry Baker.**

3. (b) If veteran, name war..... 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. **Sarah B. Baker.** 6. (c) Age of husband or wife if alive. **73** years  
7. Birth date of deceased **September, 16, 1855**  
(Month) (Day) (Year)

8. AGE: Years **92** Months **5** Days **4** If less than one day hr. min.

9. Birthplace **Greenfield, Ohio.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer.**

11. Industry or business **Farm.**

12. Name **Isaac Baker.**  
13. Birthplace **Ralls County, Missouri.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Margaret Bonham**  
15. Birthplace **Greenfield, Ohio.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Sarah B. Baker.**  
(b) Address **Mexico, Missouri.**  
17. (a) **Burial** (b) Date thereof **2-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Littleby Cemetery.**  
18. (a) Signature of funeral director **Deane E. Wiecek**  
(b) Address **Perry, Missouri.**  
19. (a) **2-22-48** (b) **Blanche Neely**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain.**  
(c) City or town **Rural.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Moleno, Missouri R.F.D.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **20th.** year **1948** hour **12:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **body after death**  
that I last saw him alive on **16**, 19...  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Coronary Thrombosis** Duration **Instant**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94R** 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 **O**

23. Signature **Deane E. Wiecek** (M. D. or other)  
Address **Perry, Mo.** Date signed **2/24/48**

RECEIVED  
District Health Officer No. 10  
District File Number 348432  
MAR 4 1948  
Date Filed

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.....

John F. Ellis....., Registered Apprentice No. 494  
working under my personal supervision.

Signed C. R. [Signature]  
Licensed Embalmer No. 3820

P. O. Address Terry, 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.