No. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4689

Registration District No. 144 | Primary Registration District No. 5562 | Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Iron
(b) City or town: Pilot Knob
(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: 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Iron 47
(c) City or town: Pilot Knob 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: Elisha John Baker
3. (b) If veteran, name war: no
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: Sarah A. Baker
6. (c) Age of husband or wife if alive: 85 years
7. Birth date of deceased: July (Month) 27 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
83	6	10	____ hr. ____ min.

9. Birthplace: Caledonia (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: retired
11. Industry or business:
MOTHER FATHER
12. Name: Elisha J. Baker
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Charles Baker
(b) Address: Patterson Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Iron Mountain Mo.
18. (a) Signature of funeral director: White Funeral Home
(b) Address: A. J. White Ironton Mo.
19. (a) 2-16-48 (Date received local registrar) (b) Avis Young (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7 year 1948 hour 3 minute 00 P.M.
21. I hereby certify that I attended the deceased from Feb. 7, 1948 to Feb. 7, 1948 that I last saw him alive on Feb. 7, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	12 hrs.
Due to: Arteriosclerosis general arterial hypertension	
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: Ben M. Bull (M. D. or other) M.D.
Address: Ironton, Mo. Date signed: 2-13-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Y

District File Number 248-252

Date Filed 2-20-48

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 Russel J. White

Licensed Embalmer No. 3012

P. O. Address Boston Ind.

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.