

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 19 1948

Registration District No. 1995

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5384

State File No.

Primary Registration District No. 5645

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora-Rural  
(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  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

JOHN BAKER

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

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Sara Baker 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased Dec. 11 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 1 27 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Baker  
13. Birthplace Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Breakbuehler  
(b) Address Aurora, Mo.

17. (a) Burial (b) Date thereof 2/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Osa Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address Aurora, Mo.

19. (a) 2-12-48 (b) Oral Me. Natl  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 10  
year 1948 hour 6 minute 30 a.m.  
21. I hereby certify that I attended the deceased from Dec 10  
1947 to Feb 10, 1948

that I last saw him alive on Dec 10, 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 94A  
Of operations \_\_\_\_\_  
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 0

23. Signature W.P. Herron (M. D. or other) \_\_\_\_\_  
Address Aurora, Mo Date signed 2-11-48

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

RECEIVED

District Health Officer No. 6,

District File Number 248-247

Date Filed FEB 18 1948

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.....

*Walter S. Cobb*

, Registered Apprentice No. 94

working under my personal supervision.

Signed.....

*James J. King*  
Licensed Embalmer No. 3529

P. O. Address Aurora, 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.