U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1948

Registration District No. 258

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5640

Primary Registration District No. 4373

Registrar's No. 3

1. PLACE OF DEATH

(a) County Nodaway

(b) City or town Barnard
(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 82 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Barnard
(If outside city or town limits, write "RURAL")

(d) Street No. rural 1/4 m. N.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph B. Baker

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife deceased

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June (Month) 6 (Day) - 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
82	8	15	hr. / min.

9. Birthplace Barnard (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation Carpenter

11. Industry or business " "

MOTHER FATHER

12. Name Unknown " " 9

13. Birthplace (City, town, or country) (State or foreign country)

14. Maiden name unknown " " 9

15. Birthplace (City, town, or country) (State or foreign country)

16. (a) Informant Fred Baker

(b) Address Barnard, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-48 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem - Barnard

18. (a) Signature of funeral director G. M. Atchison -

(b) Address Maryville - Mo.

19. (a) 2-25-48 (Date received local registrar) (b) Mrs. Elza Crenshaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1948 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 31, 1928, to Feb. 21, 1948; that I last saw h. alive on Feb 21, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis, Interstitial	
Due to Cardio-vascular-renal syndrome	
Due to	
Other conditions attarosclerosis. (Include pregnancy within 3 months of death)	
Major findings: Of operations not made	
Of autopsy not had	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas. D. Humbard (M. D. or other) M.D.

Address Barnard, Mo. Date signed 2/23/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
DISTRICT HEALTH
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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed G M Atkinson

Licensed Embalmer No. 3279

P. O. Address Maryville, 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.