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

National Office of Vital Statistics  
FILED APR 14 1948  
Registration District No. 73

STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. 7

Primary Registration District No. 5302

1. PLACE OF DEATH:

(a) County Cole Clark, Ind

(b) City or town Henley Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 miles N. of Henley  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 2 miles N. of Henley  
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Arthur Baker

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

4. Sex Male 5. Color White (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: Unknown 1872  
(Month) (Day) (Year)

8. AGE: 76 Years Months Days If less than one day  
br. min

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

10. Usual occupation Retired Barber

11. Industry or business Barber Shop

12. Name Unknown

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 W. E. Palmer

(b) Address Searcy, Ark.

17. (a) Rural (b) Date thereof 4-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reverend

18. (a) Signature of funeral director James Service

(b) Address 700 Jefferson

19. (a) 4-8-1948 (b) W. E. Palmer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 5 year 48 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Dead when found that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to .....

Due to .....

Other conditions 9/42  
(Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy .....

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

(Specify type of place) While at work? .....

(c) Means of injury .....

23. Signature J. Leslie Coroner (M. D. or other) 3

Address Jefferson City Date signed 4-5-48

Duration Sudden

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed APR 13 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

*Donald P. Freeman*

Registered Apprentice No. *481*

working under my personal supervision.

Signed *J. W. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Geneva*

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.