

Registration District No. 70

Primary Registration District No. 3002

1. PLACE OF DEATH:

- (a) County Madison
(b) City or town Mexico, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Madison Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One day
(Specify whether
In this community 30 years
years, months or days)

3. (a) PRINT
FULL NAME

3. (b) If veteran,

3. (c) Social Security

same war

No. 498-03-385

4. Sex m 5. Color or race negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Robert Baker 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Aug 8 1893
(Month) (Day) (Year)

- | | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 55 | 0 | 24 | hr. min. |

9. Birthplace Fulton Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation laborer

11. Industry or business

- MOTHER, FATHER { 12. Name Marion Baker
13. Birthplace LO. X. 9
(City, town, or county) (State or foreign country)
14. Maiden name Willa Cook
(City, town, or county) (State or foreign country)
15. Birthplace LO. X. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. K. Vaughn
(b) Address Clinton, Mo.
17. (a) Burial (b) Date thereof Sept. 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation Aux Vase Cemetery
18. (a) Signature of funeral director Hughes Maupin
(b) Address Aux Vase, Mo.
19. (a) 9/4/48 (b) B. Blanche Neel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Callaway
(c) City or town Anywhere mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1949 hour Thursday minute M.

21. I hereby certify that I attended the deceased from Aug 27, 1988 to Sept 2nd, 1988
that I last saw him alive on: Sept 3, 1988

Immediate cause of death: Mercury
Gastric hemorrhage

Duration

Due to Probably Sudden death
or Cerebrovascular?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operation performed
blood transfusion given by Westcott
Of autopsy None.

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) murder
- (b) Date of occurrence 1-2-68
- (c) Where did injury occur? home
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(e) Means of injury

23. Signature Darryl J. O'Brien (M, D, or other)
Address Medford, N.J. Date signed 9-8-81

872137130

RECEIVED

District Health Officer No. 1

District File Number 9,4816

Date Filed SEP-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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Hughes Manpin

Licensed Embalmer No.

2358

P. O. Address

Dux Vase, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.