No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1948

Registration District No. 5727

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 26984

Primary Registration District No. 5727

Registrar's No. 33

**1. PLACE OF DEATH:**

(a) County Macon

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

(c) Name of hospital or institution:
Excello, Mo.
(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 ____

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Macon

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

(d) Street No. Excello, Mo.
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME James T. Baker

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ____

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

7. Birth date of deceased Oct. (Month) 5 (Day) 1856 (Year)

8. AGE: Years 91 Months 8 Days 10 If less than one day ____ hr. ____ min.

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

10. Usual occupation Carpenter

11. Industry or business ____

FATHER
12. Name E. B. Baker
13. Birthplace Unknown (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ____ (State or foreign country)

16. (a) Informant Mrs. Martin Rogers
(b) Address Excello, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/17/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Wellington, Kans.

18. (a) Signature of funeral director Albert S Kramer
(b) Address Macon, Mo.

19. (a) Aug 14 1948 (Date received by local registrar) (b) Ruth McNeely (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1948 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 5 1948 to July 15 1948 that I last saw him alive on July 5 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Acute Coronary Occlusion | 12 hrs |
| Due to: Coronary Sclerosis | about 4 years |
| Due to: Generalized arterio sclerosis | Unknown |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
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 ____

23. Signature W O Cain (M. D. or other) MD
Address Macon Mo Date signed 7-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-48-146
Date Filed AUG 23 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 Albert S Kinnard

Licensed Embalmer No. 75-1

P. O. Address Macon 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.**