

Registration District No. 282

Primary Registration District No. 5969

Registrar's No. 117

1. PLACE OF DEATH

(a) County Polk  
(b) City or town Dunnegan  
(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 7 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84  
(c) City or town Dunnegan  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Chris C. 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 Oliver Baker 6. (c) Age of husband or wife if alive Dec 1970 years  
7. Birth date of deceased Aug 6 1970 (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 22 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Cedar Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

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

MOTHER FATHER { 12. Name J. K. Baker  
13. Birthplace Cedar Co. Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Mary James  
15. Birthplace Cedar Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Oliver Baker

(b) Address Dunnegan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 1, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Older Cemetery

18. (a) Signature of funeral director Ed H. Smith

(b) Address Almanville, Mo.

19. (a) Oct 6, 1948 (Date received local registrar) (b) Ralph Barber (Registral's signature) (c) \_\_\_\_\_ (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1948 hour 2:30 minute 2 A. M.

21. I hereby certify that I examined the deceased from Sept 29 1948, to \_\_\_\_\_ 1948;

that I last saw him alive on Sept 29, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

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

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) (c) Means of injury car

23. Signature Richard D. Miller (M.D. or other) \_\_\_\_\_ Address Bellevue, Mo. Date signed 10/1/48

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

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RECEIVED

District Health Officer No. 7,

District File Number 9-48-1173

Date Filed 10-11-48

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.....

*Wm. H. Hartung*

Registered Apprentice No. 247

working under my personal supervision.

Signed.....

*E. H. Pimm*

Licensed Embalmer No. 4282

P. O. Address *Humansville, 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.