

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH1 Reg. 182882
State File No. 182882

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>610</u>		Registrar's No. <u>29</u>			
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Scotland</u>					
b. CITY OR TOWN <u>Memphis Rural Enterprise</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Memphis</u>		d. STREET ADDRESS (If rural, give location) <u>61</u>			
3. NAME OF DECEASED (Type or Print) <u>Ira C. Baker</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 22 - 1949</u>					
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 30 - 1895</u>			
9. AGE (in years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Memphis Mo Scotland</u>			
12. CITIZEN OF WHAT COUNTRY <u>MO</u>		13a. FATHER'S NAME <u>J. W. Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Angelo</u>		14. NAME OF HUSBAND OR WIFE <u>Zelpha Baker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Zelpha Baker</u>		ADDRESS <u>Memphis Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ulcer of Stomach</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>17</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Apr 15, 1949</u> , to <u>Apr 22, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. M. Keethler</u>				23b. ADDRESS <u>Memphis, MO</u>		23c. DATE SIGNED <u>4-24-49</u>			
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Apr 24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memphis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis MO</u>			
DATE REC'D BY LOCAL REG. <u>5/9/49</u>		REGISTRAR'S SIGNATURE <u>OTM Baker</u>		407		5. FUNERAL DIRECTOR'S SIGNATURE <u>Vert Baskett</u> ADDRESS <u>Memphis MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer

District File Number 6-112

Date Filed JUN 8 - 194

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Fred Gerth

Licensed Embalmer No. 425-6

P. O. Address Memphis

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.