

7. S. No. 2
DOM-5-42
Rev. 5-17-39
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37366

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 4 1942
Registration District No. 164

Primary Registration District No. 3023

Registrar's No. 123

1. PLACE OF DEATH:

(a) County: Johnson

(b) City or town: Warrensburg Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
on N. W. edge of Warrensburg Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 21 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Johnson

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

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

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

3. (a) PRINT FULL NAME: Clyde Baker

3. (b) If veteran, name war..... 3. (c) Social Security No. 500-14-0763

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: single

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

7. Birth date of deceased: 7 20 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>4</u>	<u>10</u>	hr. min.

9. Birthplace: Warrensburg Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business.....

12. Name: James Baker

13. Birthplace: Saline Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Emma S. Hopkins

15. Birthplace: Chilhowe Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Bert Baker
(b) Address: Centerville Mo

17. (a) Burial (b) Date thereof: 12 2 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calhoun cem

18. (a) Signature of funeral director: Fred Wilkinson
(b) Address: Centerville Mo

19. (a) Dec 1 - 42 (b) Paul M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-30-42 day.....
year..... hour 8 am minute..... M.

21. I hereby certify that I attended the deceased from Sept-42 19..... to 11-30-42 19.....
that I last saw him alive on 11-10-42 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death: coronary thrombosis

Due to: coronary heart disease 1 yr.

Due to: 940

Other conditions: (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?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury.....

23. Signature: R. F. Tomlin (M. D. or other) MD
Address: Warrensburg Mo Date signed: 11-30-42

Duration
Physician
Underline the cause to which death should be charged statistically.

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

51
10/24

1001

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 8,

File Number _____

Filed 12-2-42

DEC 11 1942

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 _____

Fred Wilkerson

Licensed Embalmer No. _____

2478

P. O. Address _____

Clinton 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.