

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write name of township)  
(c) Name of hospital or institution: Community Clinic  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 10 hours  
(Specify whether  
In this community 10 hours  
years, months or days)

3. (a) PRINT FULL NAME W. D. Baker  
3. (b) Foreman name Foreman 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 10 years

7. Birth date of deceased June 21 1944  
(Month) (Day) (Year)  
8. AGE: Years 10 If less than one day 10 hr. 30 min.

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

10. Usual occupation

11. Industry or business

12. Name W. D. Baker  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name W. D. Dehn  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Dehn

(b) Address Clinton Mo RR 5  
17. (a) Burial (b) Date thereof 6-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Conover & Beck

(b) Address Clinton Mo

19. (a) June 21 1944 (b) Georgia Ritchen (c) DR  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Clinton Mo RR 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR # 5  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day June  
year 1944 hour 11:30 minute A M.  
21. I hereby certify that I attended the deceased from June 21 1944 to June 21 1944  
that I last saw him alive on June 21 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Presumably  
Duration 6 mos

Due to

Due to 159

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 Joseph B. O'Neil (M. D. or other) MD  
Address Clinton Mo Date signed 6-21-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 71

District File No. 6-44-823

Date Filed 11-12-44

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.....

working under my personal supervision.

....., Registered Apprentice No. ....

*Not Embalmed*

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

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.