

S. No. 2
OM-8-43
v. 5-14-39
X37823

17044

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 17 1945
Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Henry

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

(c) Wagon Wheel Hospital
(If in hospital or institution, write street, number, or location)

(d) Length of stay: In hospital or institution... 3 days
(Specify whether)

In this community... all life
years, months or days

3. (a) PRINT FULL NAME Harry Dehn 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 5

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

7. Birth date of deceased April 22 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER } 12. Name Wm Dewey Baker

13. Birthplace Louisy City mo
(City, town, or county) (State or foreign country)

14. Maiden name Wilma Dehne

15. Birthplace Henry mo
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Baker

(b) Address Clinton mo

17. (a) Buried (b) Date thereof 4-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Copeland + Peck

(b) Address Clinton mo

19. (a) April 25 45 (b) Myrtle Browder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry 42

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

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 25
year 1945 hour 5 minute _____ A. M.

21. I hereby certify that I attended the deceased from Apr 22
1945 to Apr 25 1945

that I last saw him alive on Apr 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
limited to 6 months

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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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 Fred Baker (or other) DB

Address Clinton mo Date signed Apr 29 45

1391

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

San Diego No. 7

Dist. File Number H-45-441

Date Filed 8-15-45

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.

Not Embalmed

Signed J. E. Conrad

Licensed Embalmer No. 1891

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.