REC'D DEC 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39778
Do not use this space.

1. PLACE OF DEATH
(a) County Marion
(b) Township Mason
(c) City Hannibal
(d) Street No. St Elizabeth Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred — yrs. — mos. 7 ds. (f) How long in U. S., if of foreign birth? 40 yrs. 6 mos. 22 ds.

Registration District No. 547
Primary Registration District No. 3029
Registered No. 307

2. PRINT FULL NAME Charles Lewis Baker
(a) Residence, No. Shelby County St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Marie Baker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1st 1898
7. AGE: Years 40 Months 6 Days 22. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Missouri

FATHER
13. NAME Wesley Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa.

MOTHER
15. MAIDEN NAME Sarah Belle Perry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Ura Horn
(ADDRESS) Hannibal Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kendall Cem Shelby Co Mo DATE Nov 24 1938
19. FUNERAL DIRECTOR Grover & Givan
(ADDRESS) Hannibal Mo
20. FILED Nov 23 1938 H. C. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 1938 to Nov 22 1938
I last saw him alive on Nov 22 1938 Death is said to have occurred on the date stated above, at 2 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Polycystic Kidneys	
Uremia 133	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [illegible], M. D.
(Address) [illegible]

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-26-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, Grover J Givan, Licensed Embalmer No. 1754

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Grover J Givan

Licensed Embalmer No. 1754

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.)