FILED FEB 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1871

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 19

1. PLACE OF DEATH:

(a) County CALLAWAY

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

(c) Name of hospital or institution: CALLAWAY HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution HOSPITAL 9 DAYS. (Specify whether years, months or days) LIFE.

In this community 260

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

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

(d) Street No. 906 NICHOLS (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME JAKE HERMAN BACKER

3. (b) If veteran, name war .....

3. (c) Social Security No. 497-18-4217

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 ..... years

7. Birth date of deceased DEC. (Month) 17. (Day) 1892 (Year)

8. AGE: Years 47 Months 1 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace FULTON (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name JAKE E. BACKER
13. Birthplace FULTON (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name JENNIE TAYLOR
15. Birthplace CALLAWAY CO. (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant's own signature Orvil Backer

(b) Address 906 Nichols Fulton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Hill Crest Fulton

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 700 Court St. Fulton, Mo

19. (a) Jan. 22, 1940 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 20 year 1940 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1-12-40 ....., 19..., to 1-20, 1940 that I last saw him alive on 1-12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure (acute)	10 min.
Due to Pernicious (?) Anemia	6 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy Non-significant.

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature John J. Brown (M. D. or other)

Address Fulton, Mo Date signed 1/20/40

(Licensed Embalmer's Statement on Reverse Side)

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.

I X19511

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 John D. Batchelder, Registered Apprentice No. 192 working under my personal supervision.

Signed Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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, above space should be left blank.