

3
Registration District No. 190

5274
Primary Registration District No.

15
Registrar's No.

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Rural Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Julia Ann Baker 260

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John E. Baker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 19, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 18 hr. min.

9. Birthplace Clark Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Jonas Hess
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Eck
(City, town, or county) (State or foreign country)
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter Bick
(b) Address Winchester, Mo.

17. (a) Burial (b) Date thereof Apr. 9, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Day Cemetery

18. (a) Signature of funeral director Carl N. Buckley

(b) Address Canton, Missouri

19. (a) Apr 9, 1940 (b) J. R. Borden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 10th, 1940 to April 6, 1940
that I last saw him alive on April 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of intestine

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 46

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? 174

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

23. Signature C. E. Todd (M.D. or other) DC

Address Williamstown Date signed 7/15/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 8-40-1050

Date Filed MAY 14 1940

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 Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.