FILED JUN 17 1940

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

17745
Do not use this space.

1. PLACE OF DEATH
(a) County: Adair 2 — Registration District No.: 4
(b) Township or (c) City: Kirksville — (d) Primary Registration District No.: 3001 — Registered No.: 128
Street No.: 1002 S. Finch St. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Alberto Eugene Baker
(a) Residence, No.: Kirksville Mo 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: Luella C. Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 6-1862

7. AGE — Years: 77 7/8 — Months: 5 — Days: 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
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 Mo

FATHER
13. NAME: John Thomas Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co. Mo

MOTHER
15. MAIDEN NAME: Mary Day
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co. Mo.

17. INFORMANT (ADDRESS): Mrs. Mary Hardy, Kirksville Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Shelbyville Mo DATE: June 2 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): E. P. Thompson, Shelbyville Mo.

20. FILED: May 31 1940 Spencer L. Freeman, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 30 1940

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1940, to May 30, 1940
I last saw him alive on May 30, 1940. Death is said to have occurred on the date stated above, at 8:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	5/2/40
Other contributory causes of importance:	
Hypertension	1938

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? No
If so, specify:
(Signed): J. O. Kemp, M. D.
(Address): Kirksville, Mo.

(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.

RECEIVED
District Health Officer No. 10
District File Number 6-40-1280
Date Filed JUN 13 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 E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville

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

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

o. 2B
-21-40
X22653

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17745

Registration District No. 4 Primary Registration District No. 3001 Registrar's No. 128

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
(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 Mo. (b) County Adair

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

(d) Street No. 1002 S. First St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Albertis Eugene Baker

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Dec - 6 - 1862
(Month) (Day) (Year)

8. AGE: Years 77 78 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) July 5/40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. J. Wimbs (M. D. or other)
Address Kirksville Mo. Date signed

SUPPLEMENTARY

S-17745