

FILED FEB 25 1941

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 9

1. PLACE OF DEATH:

(a) County # Adams
(b) City or town Brushes, P. Mo.
(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 35 yrs years, months or days (Specify whether)

3. (a) PRINT FULL NAME FRANK Z. BAKER

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

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jennie Baker 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 16 1854 (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Zephaniah Baker
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Mary Davis
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant C. C. Martin
(b) Address Brushes, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13-41 (Month) (Day) (Year)
(c) Place: burial or cremation Brushes Cemetery

18. (a) Signature of funeral director Forster P. Easley
(b) Address Brushes, Mo.

19. (a) Jan. 20/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11 year 1941 hour 9 minute 7 A.M.

21. I hereby certify that I attended the deceased from Jan 9 1941 to Jan 9 1941; that I last saw him alive on Jan 9 1941; and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia (bronchial) Duration 3 days

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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?

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

23. Signature C. C. Martin (M. D. or other) MD
Address Keokuk Date signed 1-17-41

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-405

Date Filed FEB 19 1941

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 _____

Licensed Embalmer No. _____

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, above space should be left blank.