S. No. 2
—11-10-39
. 5-17-39
I X21492

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

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3349

Registration District No. 524 Primary Registration District No. 5705 Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

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

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

(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)

In this community ✓ 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town Bevier - 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.

3. (a) PRINT FULL NAME WILLIAM T. BAKER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife THERESA BAKER

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased APRIL (Month) 22 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
63	8	7	— hr. — min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name JOHN T. BAKER
13. Birthplace MACON CO. (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name REBECCA ~~[illegible]~~ MULNIX
15. Birthplace PUTNAM CO. (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs. W. J. Baker

(b) Address Bevier, Mo. R. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-40 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Union Church Cemetery

18. (a) Signature of funeral director H. E. Edwards

(b) Address Bevier Missouri

19. (a) Jan. 10-41 (Date received local registrar) (b) Mrs R. W. Dowell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th year 1940 hour minute M.

21. I hereby certify that I attended the deceased from December 12, 1940 to December 24, 1940 that I last saw him alive on December 24 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the Sigmoid Position of the Colon	Six Months
Due to Metastases to the liver	
Due to	
Other conditions None (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 H. L. Hardin (M. D. or other) M.D.

Address Callao Mo Date signed 1/8/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-41-293
Date Filed FEB 14 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 J. G. Edwards, Registered Apprentice No. _____, working under my personal supervision.

Signed J. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.