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5-17-39  
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8468

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

ED MAR 17 1941

Registration District No. 075

Primary Registration District No. 6162

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hospital #3 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 yrs - 7 mos - 19 days  
(Specify whether years, months or days)

In this community 12 yrs - 7 mos - 19 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles E. Baker

3. (b) If veteran, name war None

3. (c) Social Security No. None

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 July 1 1882  
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 21 If less than one day - hr. - min.

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

10. Usual occupation Day Laborer

11. Industry or business None

MOTHER FATHER { 12. Name Joseph Baker

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

14. Maiden name Ann Gibson

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

16. (a) Informant Fred White

(b) Address Dunnegan, Mo.

17. (a) Burial (b) Date thereof 2-22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Hosp Cemetery

18. (a) Signature of funeral director Ways Funeral Service

(b) Address Nevada, Mo.

19. (a) 2-22-41 (b) Allen V. Ways  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar

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

(d) Street No. Unknown  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22  
year 1941 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from July 3  
1928 to Feb. 22, 1941  
that I last saw him alive on Feb. 21, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Status Epilepticus

Duration 30 mins

Due to As

Due to 106

Other conditions: 1  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy Autopsy Cong. occlusion of frontals  
Cerebral artery. Ext. Hydrocephalus.

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? 7 A.S.  
(Specify type of place)

While at work? 106 (e) Means of injury \_\_\_\_\_

23. Signature R.H. Patten (M. D. or other) MD  
Address Nevada, Mo. Date signed 2-22-41

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

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RECEIVED

District Health Officer No. 7,

District File Number 3-41-464

Date Filed 3-7-41

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**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 Allen V. Hayes.....

Licensed Embalmer No. 1968.....

P. O. Address Maids, 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.**