

0-2  
3-40  
7-39  
X23159

FILED JUN 10 1941

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 150

1. PLACE OF DEATH:

(a) County. Callaway  
(b) City or town. Fulton  
(c) Name of hospital or institution:  
208 West Fourth St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community. Life  
years, months or days)

3. (a) PRINT FULL NAME Fred Baber

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

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

(b) Name of husband or wife Lois Baber 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 29 1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 25 If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Baber

11. Industry or business Bakery

12. Name John Baber

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

14. Maiden name Catherine Goetz

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

16. (a) Informant Mabel Baber

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof May 26, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Geo. S. Wallace

(b) Address Fulton, Missouri

19. (a) May 26, 1941 (b) R. N. Crews  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Fulton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 208 West Fourth St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 19, 1941, to May 24, 1941;  
that I last saw him alive on May 24, 1941;  
and that death occurred on the date and hour stated above:

Immediate cause of death Coronary occlusion Duration 5 days

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? no

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

23. Signature F. J. Owen (M. D. or other) MD

Address Fulton Mo Date signed 5/23/41

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

---

---

**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.....

*James O. Mudd*

Licensed Embalmer No. *4152*

P. O. Address *Fulton 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, fact should be so stated above.**