

Registration District No. 309

Primary Registration District No. 5427

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural Athens Twp.
(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 Missouri (b) County Gentry

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Verge C. Baker

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1941 hour 11 minute 45 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sallie George 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 2 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 1, 1941 to Sept. 1, 1941 that I last saw him alive on Sept. 1, 1941 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>2</u>	<u>29</u>	_____ hr. _____ min.

Immediate cause of death acute indigestion & angina pectoris Duration _____

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

Due to _____

Due to g48

10. Usual occupation Farmer

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name Curtis Baker

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

MOTHER FATHER {

14. Maiden name Ernie Crisman

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

16. (a) Informant Mrs. Verge C. Baker

(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof 9/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

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? _____

18. (a) Signature of funeral director W. T. Martin

(b) Address Albany, Mo.

19. (a) Sept. 4, 1941 (b) _____ (Registrar's signature) _____
(Date received local registrar)

23. Signature W. T. Martin (M.D.) _____
Address Albany, Mo. Date signed 9/4/41

SEP 12 1961

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, 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, fact should be so stated above.