

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31731

State File No.

Registrar's No.

FILED OCT 14 1941

Registration District No. 419

Primary Registration District No. 5543

1. PLACE OF DEATH:

- (a) County Jasper
 (b) City or town Rural - McDonald Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route #1, Carthage
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community 59 Years.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jasper
 (c) City or town Rural - McDonald Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route #1, Carthage, Mo.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Clemant L. V. Baker3. (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, Married
 6. (b) Name of husband or wife. Anna Carr Baker 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased. December 22nd, 1862
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 24 ..hr.min.9. Birthplace. Allen County, Ohio
 (City, town, or county) (State or foreign country)10. Usual occupation. Farming

11. Industry or business.....

- MOTHER FATHER { 12. Name Parker S. Baker
 13. Birthplace. Penn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Harriett Hawk
 15. Birthplace. Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Baker
 (b) Address Route #1, Carthage, Mo.17. (a) Burial (b) Date thereof 9-17-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation. Fasken Cemetery18. (a) Signature of funeral director. Ed. C. Ulmer
 (b) Address 1208 S. Garrison, Carthage,19. (a) Sept 17 '41 (b) Mrs Mary Hall
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th,
 year 1941 hour 8:45 minute A. M.21. I hereby certify that I attended the deceased from June 26 1941 to Sept 15 1941
 that I last saw him alive on Sept 8 1941
 and that death occurred on the date and hour stated above.Immediate cause of death: Chronic Myocarditis Duration 5 yrsDue to SenilityDue to 930
 Other conditions. (Include pregnancy within 3 months of death)Major findings:
 Of operations none PHYSICIAN
 Of autopsy none 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). no
 (b) Date of occurrence.....
 (c) Where did injury occur? none (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury.....
 23. Signature George H. Wood (M. D. or other).....
 Address Carthage, Mo. Date signed 9-15-41

41-10.878

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..... *John S. Dennehy*

Licensed Embalmer No. *4194*

P. O. Address..... *Carthage*

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.