

DEC 23 1941 748
Registration District No. _____

Primary Registration District No. 6982

1. PLACE OF DEATH

(a) County Reynolds
(b) City or town Ellington
(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 Life time years, months or days

3. (a) PRINT FULL NAME Henry Baker

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 0 5. Color or Race Wc 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased January 31 1857 (Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Ephraim Baker

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

14. Maiden name Mary Stephens

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

16. (a) Informant A. Baker

(b) Address Ellington, Mo.

17. (a) Ellington (b) Date thereof Nov. 11, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellington

18. (a) Signature of funeral director Hobson & Brancham

(b) Address Ellington - Salem, Mo.

19. (a) Nov. 10 - 41 (b) Essie E. Evans (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reynolds
(c) City or town rural - Ellington 90
(If outside city or town limit, write "RURAL")
(d) Street No. 3 1/2 N.W. of Ellington
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 9 year 1941 hour 2:00 minute _____ M.

21. I hereby certify that I attended the deceased from Oct 25, 1941 to 11/9, 1941 that I last saw him alive on 10/27 - 11/9, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic Rengetation

Due to _____
Due to _____

Other conditions: 92 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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: J. P. Ellis (M. D. or other) _____
Address: Ellington Date signed 11/10/41

Duration 2 1/2
PHYSICIAN Underline the cause to which death should be charged statistically.

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

10
0
0

RECEIVED

District Health Officer No. 5,

District File Number. 1141.2029

Date Filed _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.