

42463

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

JAN 8 1942 548

Registration District No. \_\_\_\_\_

Primary Registration District No. 5743

Registrar's No. 380

## 1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Rural - ~~Township~~  
 (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 \_\_\_\_\_  
 In this community 77 years. (Specify whether  
 years, months or days) \_\_\_\_\_

3. (a) PRINT FULL NAME James W. Baker

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

4. Sex male 0 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 Nov. 22 1864.  
(Month) (Day) (Year)8. AGE: 77 Years Months 0 Days 8 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Marion Co. \_\_\_\_\_  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name J. W. Baker13. Birthplace Virginia \_\_\_\_\_  
(City, town, or county) (State or foreign country)14. Maiden name M. Catherine Tate \_\_\_\_\_  
(City, town, or county) (State or foreign country)15. Birthplace Virginia \_\_\_\_\_  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wm Glendinning(b) Address Palmyra Mo. R. 2. D. 117. (a) Burial (b) Date thereof Dec. 4 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bethel Baptist Cem.18. (a) Signature of funeral director G. J. Shugart(b) Address Palmyra Mo. R. 2. D. 119. (a) Dec. 2-1941 (b) Gertude Lee  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30  
year 1941 hour 11:50 minute \_\_\_\_\_ P. M.21. I hereby certify that I attended the deceased from  
Oct 3 1941, to Nov 30 1941;  
that I last saw him alive on Nov 27 1941  
and that death occurred on the date and hour stated above.Immediate cause of death \_\_\_\_\_  
Chronic Myocarditis  
& Arterio Sclerosis.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Prostatitis  
(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? \_\_\_\_\_

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

23. Signature W. J. Thomas (M. D. or other) MDAddress Palmyra Mo Date signed 12/2/41

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

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

REV. 5-17-39  
1 X10511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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..... *E. J. Spague* .....

Licensed Embalmer No. 3245.....

P. O. Address Palmyra, 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.**