

Registration District No. 128 129

Primary Registration District No. 5467

Registrar's No.

1. PLACE OF DEATH:

(a) County. GREENE
(b) City or town. SPRINGFIELD MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. # 5 / Imp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 YR. (Specify whether years, months or days)
In this community. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO. (b) County. GREENE 39
(c) City or town. SPRINGFIELD 3.
(If outside city or town limits, write "RURAL")
(d) Street No. 1332 Summit 6
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. ✓

3. (a) PRINT FULL NAME Arthur M Baker

3. (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. 3 DIVORCED
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 25 years (Day) (Year) 1881

7. Birth date of deceased. MARCH (Mdnth) 15 (Day) 1881 (Year)
8. AGE: Years 62 Months 8 Days 17 If less than one day .hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
14. Maiden name Elizabeth Brayfield
15. Birthplace MO. (City, town, or county) (State or foreign country)

16. (a) Informant John W. Johnson
(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof Dec 9 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Green Lawn Cem

18. (a) Signature of funeral director. J. W. Klingner MO.
(b) Address. SPRINGFIELD

19. (a) Dec. 9. 1943 (b) Mrs. Vermaul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1943 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from no physician in attendance 19... to 19...
that I last saw h. alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary occlusion.

Due to
Due to
Other conditions. gpa
(Include pregnancy within 3 months of death)

Major findings: Of operations.
Of autopsy.

Duration
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?
While at work? (Specify type of place) (e) Means of injury.

23. Signature James C. Stone MO.
Address Springfield, Mo. Date signed 12-7-43

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..... *J. P. Klingner*
Licensed Embalmer No. *3358*
P. O. Address..... *Springfield, 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.