

FILED MAR 8 1944

Registration District No. 18

Primary Registration District No. 5135

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Fish, Mo Rt 1
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural - Ash Hill twp
 (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 Butler
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. Fish, Mo Rt 1
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

William Baker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Renna Baker 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased: Dec. 26 1869
 (Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Clay Co. Arkansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Farm work

11. Industry or business _____

12. Name George Baker

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

14. Maiden name Mary Hindustoff

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

16. (a) Informant Mary Tracy

(b) Address Fish, Mo Rt 1

17. (a) Burial (b) Date thereof 3-1-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stonfield Cem.

18. (a) Signature of funeral director W. J. Dwyer

(b) Address Caring, Ark

19. (a) 2-28-44 (b) Belle Kinne
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27
 year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1st
1942 to Feb 19 1944
 that I last saw him alive on Feb 19 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Left ventricular Failure Duration _____

Due to Myocarditis _____ years

Due to Bronchial asthma

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

Major findings: Of operations 93d

Of autopsy _____

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 9

23. Signature Gordon C. Humphreys (M. D. or other) MD

Address Fish, Mo Date signed 2/27/44

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

200

RECEIVED

District Health Office No. 2,

District File Number 344-377

Date Filed 3-8-44

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.