

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9033**

FILED MAR 22 1945

Registration District No. **22-1025**

Primary Registration District No. **5130**

Registrar's No. **9**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Rural Rush Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R. F. D. Rushville, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 5 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Atchison **994**
 (c) City or town Atchison **34**
(If outside city or town limits, write "RURAL")
 (d) Street No. 200 N. 3rd. **8**
(If rural, give location)
 (e) Citizen of foreign country? No **9** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Clarence Baker
 (b) If veteran, name war None
 (c) Social Security No. 509-12-3174

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7 year 1945 hour 4:00 minute 10 M.
21. I hereby certify that I viewed **the deceased from** 3/3 **1945**
 that I last saw him alive **on** _____ **19** _____
 and that death occurred on the date and hour stated above.

4. Sex White **5. Color or race** Male
6. (a) Single, widowed, married, divorced, Single
(b) Name of husband or wife _____ **(c) Age of husband or wife if** _____ **alive** _____ **years**
7. Birth date of deceased July 22 1878
(Month) (Day) (Year)

Immediate cause of death
accidentally burned to death
Due to _____ **Duration** _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)
10/17

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Atchison Co. Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business Road House

12. Name Henry Baker

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

14. Maiden name Hattie Gallagher

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

16. (a) Informant Mrs. Rose Keith

(b) Address 901 Main, Atchison, Kas.

17. (a) Removal **(b) Date thereof** 3/3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sumner Cem, Atchison, Kas.

18. (a) Signature of funeral director Robert A. Bowman

(b) Address 319 So. 10th St.

19. (a) 3-3-45 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy none

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) accident
 (b) Date of occurrence 3-3-1945
 (c) Where did injury occur? At Buchanan Co.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
none
 While at work _____ **(e) Means of injury** Burned
23. Signature R. W. Tealock **Coroner** **(M. D. or other)**
Address St. Joseph, Mo. **Date signed** 3/3/45

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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 ^{not} was embalmed by me, or by.....

Embalming impossible

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Frank A. Brown

Licensed Embalmer No.....

1710

P. O. Address.....

St. Joseph

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.