

M-243
5-17-39
P I X35997

FILED NOV 10 1945

State File No. _____

Registration District No. 14

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Scouters mo R 1
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
 (Specify whether
 In this community life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Barton 6
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. Scouters mo R #1
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MORRIS-E. BAKER

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dora E. Talley 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Jan 10 18 60
 (Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 12 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Baker

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

14. Maiden name Baker Ann Williams

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

16. (a) Informant Edyth Mayfield

(b) Address Scouters mo R #1

17. (a) Burial (b) Date thereof Oct 23 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baker grave

18. (a) Signature of funeral director G B Perry & Sons

(b) Address Sheldon mo

19. (a) Oct-23 (b) W. H. Hester
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
 year 1945 hour 3:25 minute 25 AM

21. I hereby certify that I attended the deceased from Oct 18 1945 to Oct 18 1945
 that I last saw him alive on Oct 18 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

Due to _____

Due to _____

Other conditions Insufficient heart 108
 (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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) 0

(b) Date of occurrence 10

(c) Where did injury occur? 0
 (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)
 Means of injury 0

23. Signature J. G. Eddleman (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER

1437

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..... *Carroll T. Berry*

Licensed Embalmer No. *2385*

P. O. Address..... *Sheldon 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Nov

Registration District No. 1F

Primary Registration District No. 1

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Rural Barton Dubuque 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 _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME Morris Baker

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Jan 10 (Month) 1866 (Day) 1866 (Year)

8. AGE: Years 85 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation retired farmer

11. Industry or business none

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Martine Schuster

(b) Address Leland MO

17. (a) Barton (Burial, cremation, or removal) (b) Date thereof Oct 24 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Barton

18. (a) Signature of funeral director Benny E. ...

(b) Address Sheldon MO

19. (a) Oct 23 1945 (Date received local registrar) (b) Martine Schuster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Barton
 (c) City or town Laraman (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 24 Year 1945 hour 8 minute 25 M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings:

- Of operations _____

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 _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY 2

33035