

FILED FEB 7 1946
Registration District No. 27

STANDARD CERTIFICATE OF DEATH

State File No. _____

Primary Registration District No. 5089 Registrar: No. 7

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural-Pleasant Gap Twp.
(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 4 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rural-Pleasant Gap Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Albert 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, widowed

6. (b) Name of husband or wife Margaret Rebecca 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased December 9, 1887
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Bates Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Zephriah Baker

13. Birthplace no record in Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ellen Hale

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Claud Baker

(b) Address Butler, Missouri

17. (a) Burial (b) Date thereof 1-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Double Branch

18. (a) Signature of funeral director CULVER-UNDERWOOD

(b) Address Butler, Missouri

19. (a) 1-13-46 (b) Randall Perry
(Date received local Registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1946 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Jan 9 1946
that I last saw him alive on Jan 7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pneumonia

Due to Thrombosis

Due to Chr. Arterio Sclerosis

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

Major findings: Permeation of arteries

Of operations Aneurysm

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 Butler, Mo (M. D. or other) _____

Address Butler, Mo Date signed 1/14/46

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

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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

John D. Underwood
Licensed Embalmer No. *3585*
P. O. Address *Butler 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.