No. 2
1—2-43
5-17-39
I X35637

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2446

Registration District No. 7 Primary Registration District No. 3012 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route #4 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME John Christofer Baker
3. (b) If veteran, name war World War I
3. (c) Social Security No. Yes, not remembered
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wife, Lula Baker
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased October (Month) 16 (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	2	20	hr. min.

9. Birthplace near Purdy, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer - unemployed
11. Industry or business Lumber mill
MOTHER FATHER
12. Name T. Baker 9
13. Birthplace not known 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caldonia Terry
15. Birthplace near Purdy Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Carthage, Mo.
18. (a) Signature of funeral director Herbert Hope
(b) Address HERBERT HOPE, Excelsior Springs, Missouri
19. (a) 1-6-46 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 year 1946 hour 1:50 minute P. M.
21. I hereby certify that I attended the deceased from December 29, 1945 to January 5, 1946; that I last saw him alive on January 5, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Silicotuberculosis, far advanced, active 4	Unknown
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 Ernest M. Tapp (M. D. or other) M. D.
Address Veterans Administration Hospital Excelsior Springs, Mo. Date signed 1-5-46

62 (Licensed Embalmer's Statement on Reverse Side)

425

RECEIVED
District Health Officer No. 8
District File Number.....
Date Filed 2-8-46

OCT 13 1954

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 Jas A Moles

Licensed Embalmer No. 3296.

P. O. Address Exp Springs 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.