

No. 2  
A-2.43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28062

State File No. \_\_\_\_\_

FILED AUG 19 1946

Registration District No. 297

Primary Registration District No. 3056

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: McCormick Hospital  
(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 Randolph

(c) City or town Moberly  
(If outside city or town limits, write "RURAL")

(d) Street No. 422 Farrar St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fred Arnold 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 5

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 13<sup>th</sup> 1933  
(Month) (Day) (Year)

8. AGE: Years 13 Months 1 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) MO (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Robert W. Baker

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

14. Maiden name Martha Young

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

16. (a) Informant Mrs Martha Baker

(b) Address Moberly

17. (a) Burial (b) Date thereof July 31 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) 7-31-46 (b) Leah Kullback  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29<sup>th</sup>  
year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 28, 1946, to July 29, 1946  
that I last saw him alive on July 29, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Burns over 3/4 of body

Due to Coal oil explosion

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

Major findings: 1815

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 127

(b) Date of occurrence 7-28-46

(c) Where did injury occur? at home, Moberly Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in home (Specify type of place)

While at work play (Specify type of place) (e) Means of injury Burns

23. Signature Dr. P. McCormick (M. D. or other) M.D.

Address Moberly Mo Date signed 7/29/46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 10  
District File Number 8-10-1520  
Date Filed AUG-1-4-1946

---

---

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..... *Frank D. DeWitt* .....

Licensed Embalmer No. *3071* .....

P. O. Address..... *Mobley Ms* .....

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.