

FILED DEC 4 1946
 Registration District No. **149**

Primary Registration District No. **1002**

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

35745

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Memorial Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME REPS B. DALE
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Jose Baki
 6. (c) Age of husband or wife if alive Married
 Birth date of deceased January 1 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 21
 If less than one day hr. min.

9. Birthplace Carroll Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER
 12. Name Joseph Baki
 13. Birthplace Jackson Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Baki
 15. Birthplace Mo. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jose Baki
 (b) Address P.O. #45, Richmond, Mo.

17. (a) Burial, cremation, or removal Removal
 (b) Date thereof 11/22/46
(Month) (Day) (Year)
 (c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Wm. L. F. H.
 (b) Address Richmond, Mo.

19. (a) 11-23-46 **(b)** Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray **81**
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 4 miles N.W. Richmond
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
 year 1946 hour 11 minute 35 **P.** M.
21. I hereby certify that I attended the deceased from November 2
1946, to November 22 1946
 that I last saw him alive on November 22 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
 Due to Ruptured gastric ulcer
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Ruptured gastric ulcer
 Of operations _____
 Of autopsy 117a

Duration _____
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 Joseph Lichtor M.D. (M, D. or other) **0**
 Address Research Hospital Date signed 11-22-46

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.....

George Hill
.....
Licensed Embalmer No. 4066

P. O. Address Richmond, 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.