

FILED APR 25 1947

3028

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
(Specify whether
 In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper **47**
 (c) City or town Carthage
(If outside city or town limits, write "RURAL")
 (d) Street No. 203 S. Clinton St.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JAMES OLIVER BAKER
 3. (b) If veteran, name war none
 3. (c) Social Security No. 490-10-0735

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 6
 year 1947 hour 4 minute 00 A.M.
 21. I hereby certify that I attended the deceased from _____, 19____, 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 _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Anna G. Baker
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased September 14 1878
(Month) (Day) (Year)

Due to Influenza
 Due to _____
 Other conditions none
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations none
 Of autopsy none
 Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
68 6 22 _____ hr. _____ min.

9. Birthplace Columbus Ohio
(City, town, or county) (State or foreign country)
chef

10. Usual occupation _____
 11. Industry or business C & W Cafe

MOTHER FATHER {
 12. Name G. W. Baker
 13. Birthplace Marietta Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Robbins
 15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Baker
 (b) Address 203 S. Clinton, Carthage, Mo

17. (a) burial (b) Date thereof Apr. 8, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary
 (b) Address Carthage, Missouri

19. (a) 4-8-47 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

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?
 _____ (Specify type of place)
 While at work _____ (c) Means of injury _____
 23. Signature George H. Wood (M. D. or other) _____
 Address Carthage Mo Date signed 7 Apr 47

47-3-283

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 W. Kull Jr*

Licensed Embalmer No..... *4440*

P. O. Address..... *Carthage*

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.