

S. No. 2
-12.45
5-17-39
I X47070

FILED JUN 2 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 675

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether
In this community 20 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 3
Tarkio 2
(c) City or town Tarkio
(If outside city or town limits, write "RURAL")
(d) Street No. Tarkio
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George C. Baker

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Grace Rice Baker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 30 1977
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 21 hr. min.

9. Birthplace Atchison County Missouri C
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name W. E. Baker
13. Birthplace Abdington Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Alice Hopkins
15. Birthplace Atchison County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myra Low
(b) Address Tarkio, Missouri
17. (a) Removal (b) Date thereof 5/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hamburg, Iowa

18. (a) Signature of funeral director Hutton-Bowman
(b) Address St. Joseph Mo.
19. (a) 5-26-47 (b) H. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1947 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1
19 47 to May 21 19 47
that I last saw her alive on May 21 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death
Duration
Pneumonia pyonephorous left.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
1238

Major findings: Of operations as above
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 Charles Yunker M. D. (Seal)
Address Peoria Ill. Date signed 5/23/47

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

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,

 , Registered Apprentice No. ,
working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3802

P. O. Address. 3195 10th St. Joseph, 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.