

FILED MAY 28 1947

Registration District No. 26

Primary Registration District No. 6102

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Wooten
(b) City or town Memphis Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Entire Life years, months or days)

3. (a) PRINT FULL NAME George W. Baker
3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Dec 2 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation Invalid

11. Industry or business _____

12. Name John Baker Sr

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

14. Maiden name Mary A. Baker

15. Birthplace Scotland Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Emery Baker

(b) Address Memphis

17. (a) Burial (b) Date thereof May 4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Cemetery

18. (a) Signature of funeral director W. H. Baker

(b) Address Memphis Mo

19. (a) May 9-47 (b) Mr. E. C. Parrish
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 1st, 15
_____ 1947 to Apr 29th 1947
that I last saw h. im alive on April 29th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to This man was a cripple all his life, never walked nor talked

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

Major findings: Of operations _____
Of autopsy 157

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 E. E. Parrish (M. D. or other) _____
Address Memphis, Mo Date signed _____

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number. 25-47-895
Filed MAY 21 1947

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 *Fred Lutz*.....

Licensed Embalmer No. *4256*.....

P. O. Address *Memphis*.....

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.