

U.S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36671

FILED NOV 17 1947

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

Registration District No. 733

Primary Registration District No. 47-75

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Hammersville Mo.  
(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 years, months or days) \_\_\_\_\_

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town Hammersville Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WALTER A. AUMPLY BAKER

3. (b) If veteran, name war No 3. (c) Social Security No. 7100

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Liggie Baker 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept 29 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24  
year 1947 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2:30 1947 to Oct 24 1947  
that I last saw him live on Oct 24th and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 0 Days 25 If less than one day, \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

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

Other conditions Organic heart disease  
(Include pregnancy within 3 months of death)

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Rubber Farmer

Major findings: Of operations \_\_\_\_\_

Of autopsy gsc

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12. Name Walter A. Baker

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

14. Maiden name Franklin

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

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? \_\_\_\_\_

16. (a) Informant Lottie Melton

(b) Address Hammersville Mo.

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof 10 25 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Hammersville, Mo.

While at work \_\_\_\_\_ (Specify type of place)

(c) Means of injury 0

23. Signature Van H Bond (M. D. or other) \_\_\_\_\_

Address Hammersville Mo. Date signed 11-27-47

18. (a) Signature of funeral director W.T. Emery

(b) Address Harwood Ave

19. (a) 10-25-47 (Date received local registrar) (b) Bertha Kinschwig (Registrar's signature)

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

500

RECEIVED

District Health Office No. 2,

District File Number 1142-1462

Date Filed 11-12-47

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**