S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 19 1948
Registration District No. 209

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13349
Primary Registration District No. 3042
Registrar's No. 134

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 504 Hazel 4
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cossie E. Baker
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Margaret McMillan Baker
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased December 17, 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	3	20	hr. min.

9. Birthplace DeSoto Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Maintenace Man, Disposal Plant
11. Industry or business City of Hannibal
FATHER
12. Name Cossie E. Baker Sr. 0
13. Birthplace DeSoto Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emily Simpson
15. Birthplace DeSoto Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. C. E. Baker
(b) Address 504 Hazel Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park
18. (a) Signature of funeral director W. Crawford Smith
(b) Address 902 Broadway Hannibal Missouri
19. (a) 4-13-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 149

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1948 hour 3 minute P.M.
21. I hereby certify that I attended the deceased from Apr. 7, 1948, to April 7, 1948; that I last saw him alive on April 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occulsion	Few Hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 946

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature B. L. Murphy (M. D. or other) MD
Address Hannibal, Mo. Date signed 4/12/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 John S. Ward, Registered Apprentice No. 35, working under my personal supervision.

Signed W. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.