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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36139

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1078

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield

(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks
(Specify whether years, months or days)

In this community 12 Years
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Orson F. Baker

3. (b) If veteran, None name war _____

3. (c) Social Security No. 487-07-4370

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widower

6. (b) Name of husband or wife Willa Baker

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 23, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69	11	17	hr. _____ min.
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9. Birthplace Maple Hill, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Clothing Salesman

11. Industry or business Clothing Department

12. Name Frank P. Baker

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

14. Maiden name Elizabeth Banta

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

16. (a) Informant Frank Baker

(b) Address 821 Rogers, Springfield Mo.

17. (a) Removal (b) Date thereof Dec. 19 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka Kan.

18. (a) Signature of funeral director: J. W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 12-11-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. # 9 Box 980
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10 th
year 1948 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11-1-48
_____ 19____ to Dec 10 1948
that I last saw him alive on 12/10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart condition

Due to 2. hypertension

Due to _____

Other conditions Infected Bladder
(Include pregnancy within 3 months of death)

Major findings: with urinary encystment

Of operations no

Of autopsy no

Duration 1 wks 20 day

PHYSICIAN [Signature]
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) no

(b) Date of occurrence none

(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? no (Specify place of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or Other) _____
Address Springfield Mo Date signed 12/10/48

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, or by.....

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

Signed

Max Rhodes

Licensed Embalmer No.

4071

P. O. Address

Springfield

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.