-1/47
5-17-39

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

National Office of Vital Statistics

FILED DEC 31 1948

STANDARD CERTIFICATE OF DEATH

State File No. 39625

Registration District No. 71 — Primary Registration District No. 3012 — Registrar's No. 172

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs, Missouri (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: 15 days (Specify whether years, months or days)

In this community: 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay

(c) City or town: Excelsior Springs (If outside city or town limits, write "RURAL")

(d) Street No.: Government Reservation (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Allen Baker

3. (b) If veteran, name war: No military service

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Wilma Baker

6. (c) Age of husband or wife if alive: 40 years

7. Birth date of deceased: May (Month) 24 (Day) 1881 (Year)

8. AGE: Years 67 | Months 6 | Days 9 | If less than one day: hr. min.

9. Birthplace: Quasqueton (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Engineer

11. Industry or business: Veterans Administration Hosp.

FATHER 12. Name: David C. Baker

13. Birthplace: -- (City, town, or county) New York (State or foreign country)

MOTHER 14. Maiden name: Ellen Timpson

15. Birthplace: -- (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Hospital Records, Veterans Administration Hospital

(b) Address: Excelsior Springs, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12 4 1948 (Month) (Day) (Year)

(c) Place of removal: Excelsior Springs Mo

Oscar Hill County Chas. C. Thomas

18. (a) Signature of funeral director: HOPE FUNERAL HOME

(b) Address: Excelsior Springs, Mo.

19. (a) 12/4/48 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

62

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3 year 1948 hour 2:05 minute P. M.

21. I hereby certify that I attended the deceased from November 19, 1948, to December 3, 1948 that I last saw him alive on December 3, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: generalized carcinomatosis of peritoneum and omentum

Due to: Cirrhosis

Due to: Carcinoma of the tail of pancreas

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: 1-6 PS

Of autopsy: same as above

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: A. A. Strong (M. D. or other) M.D.

Address: Excelsior Springs, Mo. Date signed 12-3-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 12-30-48

JAN 21 1949

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 James G. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.