

No. 2
5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7787**

FILED APR 14 1947

Registration District No. **14** Primary Registration District No. **4024**

Registrar's No. **29**

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 Barry

(c) City or town Cassville
(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 _____

3. (a) PRINT FULL NAME Andrew Jackson Baker

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased June 27 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>8</u>	<u>4</u>	hr. min.

9. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Minister

11. Industry or business _____

12. Name A. J. Baker

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

14. Maiden name Agnes June Wallen

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

16. (a) Informant Mrs. Bertha Shore

(b) Address Cassville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Hornor Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) March 17-1947 (Date received local registrar) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar. day 1st
year 1947 hour 1:45 minute P.M.

21. I hereby certify that I attended the deceased from Mar 1, 1947, to Mar. 1, 1947.
that I last saw him alive on Mar. 1, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 2 weeks

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 837

Of operations _____

Of autopsy _____

PHYSICIAN _____

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) _____

(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 2

23. Signature C. E. M. David (Physician's signature) Address Mar. Cassville Date signed 3/17/47

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RECEIVED

District Health Officer No. 6,

District File Number 447-327

Date Filed APR 2 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.....

Ruby Elkins

....., Registered Apprentice No. 496

working under my personal supervision.

Signed S. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.