

National Office of Vital Statistics

State File No.

FILED NOV 8 1947 222

Registration District No.

Primary Registration District No.

4333

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau
 (b) City or town Clarksburg
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community Entire life
 years, months or days)

3. (a) PRINT FULL NAME Peter S. Baker

3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George Ann Baker 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased June, 12th, 1866
 (Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 16 If less than one day
 hr. min.

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

10. Usual occupation Farmer and Carpenter

11. Industry or business Retired

12. Name John N. Baker
 13. Birthplace Washington, D. C.
 (City, town, or county) (State or foreign country)

14. Maiden name Mary A. Zey
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Ann Baker
 (b) Address Clarksburg, Mo.

17. (a) Burial (b) Date thereof 10/31/47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Masonic Cemetery Clarksburg, Mo.

18. (a) Signature of funeral director James E. Blum
 (b) Address 217 S. 1st St. Clarksburg, Mo.

19. (a) 10.30.47 (b) James E. Blum
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
 (c) City or town Clarksburg
 (If outside city or town limits, write "RURAL")
 (d) Street No. None
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country Native

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th
 year 1947 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from October 27, 1947, to October 28, 1947,
 that I last saw him alive on October 27, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage 6 days

Due to N

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

PHYSICIAN

Underline the cause of death which 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. F. Luedert (M.D. or other) D.O.
 Address Tipton, Mo. Date signed 10-28-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 7 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 _____

Registered Apprentice No. _____
working under my personal supervision.

Signed *Jesse E. Richards*
Licensed Embalmer No. *3466*
P. O. Address *Lipton, N.C.*

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.

State File No. Nov

Registration District No. 222

Primary Registration District No. 4333

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Monticello
(b) City or town Clarksburg
(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 _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Peter S. Baker

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased June 1, 1947
(Month) (Day) (Year)

8. AGE: Years 31 Months 4 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-30-47 (b) Birdie Sturgis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings: 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 _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
NOV 19 1947

SUPPLEMENTARY

S-35098