

FILED MAY 11 1944

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Monticau

(b) City or town California

(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 \_\_\_\_\_

In this community Thirty year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monticau

(c) City or town California

(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 Peter Joseph Baker

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

4. Sex Male 5. Color or race W

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

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

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

7. Birth date of deceased Jan 16 1872

(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19

year 1944 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from death

when first seen \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ live on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>3</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death Fractured skull and crushed chest

Due to Trainwreck accident

Death instantaneous

Due to Was in auto struck by train

Other conditions train

(Include pregnancy within 3 months of death)

Duration

Death Instant

MOTHER FATHER

12. Name August Baker Jr

13. Birthplace Germany

14. Maiden name Margaret Hebert

15. Birthplace Germany

16. (a) Informant Peter Baker Jr

(b) Address California Mo

17. (a) Buried (b) Date thereof 4/27/44

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem

18. (a) Signature of funeral director William F. Friedman

(b) Address California Mo

19. (a) 4-23-44 (b) W. J. Galley

(Date received local registrar) (Registrar's signature)

Major findings: 1700-4

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) accident

(b) Date of occurrence April 19 - 1944

(c) Where did injury occur? California Monticau Mo

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Public rail road crossing - in California Mo

(Specify type of place) (e) Means of injury Car-train

While at work? \_\_\_\_\_

23. Signature Kernyn Latham (M. D. or other) carner

Address California, Mo Date signed 4-19-44

RECEIVED

District Health Officer No. 9,

District File Number 5-

Date Filed 5-10-44

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 H.E. Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.