

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21504
Do not use this space.

1. PLACE OF DEATH
 (a) County Cape Registration District No. 124
 (b) Township Cape Primary Registration District No. 3009
 (c) City Cape Girardeau Mo. (d) Street No. St. Francis Hospital Registered No. 164
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. Francis Hospital
 2. PRINT FULL NAME Raymond Paul Baker
 (a) Residence, No. Red Star Addition St. (If nonresident, give city or town and State) 260
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1931
 7. AGE YEARS 8 MONTHS 4 DAYS 4 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anapolis Mo.
 FATHER 13. NAME Truman Baker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lusterville Mo.
 MOTHER 15. MAIDEN NAME Laura Pender
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds County Mo.
 17. INFORMANT (ADDRESS) G. O. Pender Cape Girardeau Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Anapolis cemt. DATE 6-19-1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. L. Haman Cape Girardeau Mo.
 20. FILED 6-15-38 W. A. Johnson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15 1938
 22. I HEREBY CERTIFY, That I attended deceased from June 14 1938, to June 15 1938
 I last saw him alive on June 15 1938. Death is said to have occurred on the date stated above, at 4:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Trauma (Traumatic) Date of onset 6-13-38
Caused by splinter in toe
 Other contributory causes of importance: JH
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Date of injury 6-4, 1938
 Where did injury occur? at home Cape Girardeau Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. A. Johnson, M. D.
 (Address) Cape Girardeau Mo

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, L. L. Haman, or by _____

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

Signed L. L. Haman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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, above space should be left blank.

DEPT. OF HEALTH
OFFICE OF THE STATE EMBALMER
ST. LOUIS, MO.
JULY 1917

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

215-04
Do not use this space.

1. PLACE OF DEATH

- (a) County Cape Gir Registration District No. 125
 (b) Township _____ Primary Registration District No. 3009 Registered No. 164
 (c) City Cape G. (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Raymond Paul Bases

- (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1931
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 4 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9-25-38 M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15-1938

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____
 I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) W. A. Lehorn M. D.
 (Address) Cape Gir mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 N. B.—For information should be carefully supplied, AGE should be stated. ACTUALLY. N. B. CLANS should show CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important.

