REC'D MAR 15 1939

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

6970
Do not use this space.

1. PLACE OF DEATH
(a) County Laclede
(b) Township
(c) City Lebanon
Registration District No. 449
Primary Registration District No. 4-2-67
Registered No. 3291
(d) Street No. Louise St. Wallace Hospital 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 260 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James S. Baker
(a) Residence, No. St. Buffalo, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mrs Rosie Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 8-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: farmer
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): Louisburg, Mo.

FATHER
13. NAME: J. A. J. Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): (Dallas county) Missouri

MOTHER
15. MAIDEN NAME: Sarah E. Alford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): (Dallas County) P.O. Wood Hill Missouri

17. INFORMANT (ADDRESS): C. Abe Baker

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope DATE 1-10-1939

19. FUNERAL DIRECTOR (ADDRESS): Jones - Buffalo

20. FILED 1-9-1939 J. A. McTeer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 8 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-7-1939, to 1-8-1939

I last saw h... alive on 1-5-1939. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance: 105

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) J. Armington, M. D.
(Address) Buffalo Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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

1 X12004

RECEIVED
District Health Officer No. 7
District File Number 7-39-46
Date Filed 3-14-39

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)