

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

18341

Do not use this space.

REC'D JUN 8 1939

1. PLACE OF DEATH

(a) County CEDAR Registration District No. 165
 (b) Township LINN Primary Registration District No. 5231
 (c) City STOCKTON (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.

Registered No. 17

2. PRINT FULL NAME

JESSIE GENE BAKER

(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 MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGEE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12, 1939</u>		
7. AGE	YEARS	MONTHS
		10
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) <u>Stockton, Mo.</u> (STATE OR COUNTRY)		
13. NAME <u>Fred Baker</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Barton County</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Lydia Samsol</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Stockton, Mo.</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Fred Baker</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Younger</u> DATE <u>May 30</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>W. C. Davis & co.</u> (ADDRESS)		
20. FILE <u>June 2 1939 Mrs. Minnie Carlton</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from birth May 12, 1939, to Death May 29, 1939
 I last saw him alive May 26, 1939 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:
Inanition
 Date of onset 154

Other contributory causes of importance:
Premature birth

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 Cruton Sterrett!
 (Signed) _____, M. D.
 (Address) Stockton Mo

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.

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.....

*Licensed Embalmer No.....

P. O. Address.....

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.