

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

22232
 Do not use this space.

DEAD JUL 18 1939

1. PLACE OF DEATH
 (a) County Dickery Registration District No. 361
 (b) Township Cross Timbers Primary Registration District No. 5-506 Registered No. 2
 (c) City Cross Timbers Mo (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 James Louis 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 <u>m</u>	4. COLOR OR RACE <u>wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 11, 1875</u>				
7. AGE	YEARS <u>63</u>	MONTHS <u>4</u>	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	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) <u>Missouri</u>				
FATHER	13. NAME <u>Augusta Baker</u>			
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Isabella Butterforth</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa</u>			
17. INFORMANT (ADDRESS) <u>Carrie Embree Beeman Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hopewell</u> DATE <u>5/4</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>J. H. Sikes Wagoner Mo</u>				
20. FILED <u>May 29</u> <u>B. O. Preker</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 3</u> 19 <u>39</u>	
22. I HEREBY CERTIFY That I attended deceased from <u>April 30</u> 19 <u>39</u> to <u>May 13</u> 19 <u>39</u> . I last saw him alive on <u>April 30</u> 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>5:30</u> p.m.	
The principal cause of death and related causes of importance were as follows: <u>Tuberculosis of the Respiratory system</u> Date of onset <u>1937</u>	
Other contributory causes of importance: <u>Hum. Influenza</u> <u>m 1936</u>	
Name of operation _____	Date of _____
What test confirmed diagnosis? <u>Pyroantigen</u>	Was there an autopsy? <u>no</u>
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) <u>L. G. Bloss</u> , M. D. 322 (Address) <u>Arbona Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 1 X12004

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1074
Date Filed 7-17-39

STATEMENT BY LICENSED EMBALMER

I, JR Luckey, Licensed Embalmer No. 2982

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 JR Luckey

Licensed Embalmer No. 2982

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.)