

REC'D SEP 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29956
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 689
 (b) Township Carroll Primary Registration District No. 3633 Registered No. _____
 (c) City Louisiana (d) Street No. Pike County 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

260 William Eugene Baker
 (a) Residence, No. Carrollville Missouri 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ☒
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13 - 1926
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
12 11 18
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School
 9. Industry or business in which work was done, as saw mill, bank, etc. Child
 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) Pike County, Missouri
 13. NAME Joseph Baker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri
 15. MAIDEN NAME Guyula Barrett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co., Mo.

17. INFORMANT (ADDRESS) Mrs. Joseph Baker (mother)
Carrollville Mo
 18. BURIAL CREMATION, OR REMOVAL PLACE Vandalia DATE Sept 3 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) N. S. Waters Vandalia
 20. FILED 9/11 1939 J. O. Baker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31 193922. I HEREBY CERTIFY, That I attended deceased from 8/31/39 1939 to 8/31/39 1939

I last saw him alive on 8/31/39 1939. Death is said to have occurred on the date stated above, at 8:50 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute Gastro-Enteritis
Cause not determined

Date of onset

Other contributory causes of importance:

NoneName of operation None Date of _____What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1939

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? No

If so, specify _____

(Signed) Charles H. Jewell M. D.(Address) Louisiana, 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.

1 X14028

RECEIVED

District Health Officer No. 10

District File Number 9-39-1542

Date Filed SEP 6 1939

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,

William B. Waters

or by

Registered Apprentice No., working under my personal supervision.

Signed

Wm B Waters

Licensed Embalmer No. 3325

P. O. Address

Tandalia Mo.

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.