

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

32317
Do not use this space.

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.

OCT 12 1939

1. PLACE OF DEATH
 (a) County Dunklin Registration District No. 288
 (b) Township _____ Primary Registration District No. H172 Registered No. _____
 (c) City Kennett 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 260 Lamarrh Baker
 (a) Residence, No. 807 N. Main St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28-1936

7. AGE YEARS <u>3</u>	MONTHS <u>8</u>	DAYS <u>7</u>	IF LESS than 1 day, _____hra. or _____min.
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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) Mo

FATHER

13. NAME Raymond Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Lena Golden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Raymond Baker
807 N. Main St. Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden DATE 9-30-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lutz and Co
Kennett Mo

20. FILED 9-29-39 1939 Walter Davis
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1939, to Sept 29 1939
 I last saw him alive on Sept 27 1939 Death is said to have occurred on the date stated above, at 10A. m.
 The principal cause of death and related causes of importance were as follows:

Date of onset Sept 30-39

Para-phimosis
Causing Retention of Urine
and Perineal Abscess

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? A.P.N. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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? no
 If so, specify _____
 (Signed) W. W. Resnell, M. D.
261 (Address) Kennett Mo.

STATE OF MICHIGAN
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

RECEIVED

District Health Officer No. 3,

District File Number 1039-615

Date Filed 10/9/39

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.