

Registration District No. 13871

Primary Registration District No. 7034

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: (a) County Linn 2  
(b) City or town Linneus  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: XXXXXXXXXXXX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XXXXXXXX  
In this community 2 years, 7 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Curtis Baker 260  
3. (b) If veteran, name war XXXX 3. (c) Social Security No. XXXX

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife XXX 6. (c) Age of husband or wife if alive XXX years  
7. Birth date of deceased March 26, 1937  
(Month) (Day) (Year)

8. AGE: Years 2 Months 7 Days 16 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Linneus, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business XXXXXXXXXXXX

12. Name XXXXXXXXXX

13. Birthplace XXXXXXXXXX  
(City, town, or county) (State or foreign country)

14. Maiden name Theima Baker

15. Birthplace Linneus, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Theima Baker

(b) Address Linneus, Missouri

17. (a) Burial (b) Date thereof 11/13/1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Thomas Undertaking Co.  
(b) Address Linneus, Missouri

19. (a) 11-13-39 (b) Maud J. Webb  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Linn  
(c) City or town Linneus  
(If outside city or town limits, write "RURAL")  
(d) Street No. XXXXXXXXXX  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 12  
year 1939 hour 3: minute 0 M.

21. I hereby certify that I attended the deceased from Nov 10, 1939, to Nov 12, 1939; that I last saw him alive on Nov 11, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcus meningitidis Nov 11, 39  
Due to Streptococcus meningitidis Nov 8, 39  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 115c

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John H. P. (M. D. or other) 11/13  
Address Linneus, Mo Date signed 11/13

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

RECEIVED

District Health Officer No. 111

District File Number 1739-1803

Date Filed DEC 19 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Harry A. Taylor

Licensed Embalmer No. 3761

P. O. Address Lincoln, 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.