

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

40182
Do not use this space.

1. PLACE OF DEATH
 (a) County McDonald Registration District No. 1167
 (b) Township Franklin Primary Registration District No. 5698
 or Stella Mo.
 (c) City Stella Mo. (d) Street No. _____ (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 Alged Baker
 (a) Residence, No. _____ County _____ 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23, 1863

7. AGE YEARS 77 MONTHS 9 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Kentucky

FATHER 13. NAME Geo. Baker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME Jane Garbard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) M. M. Baker
Mamou, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Comfort DATE Oct. 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Loyd Funeral Home
Mamou, Okla.

20. FILED 12-6-39 Eda Collings Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 21 1938, to Oct 21 1939
 I last saw him alive on Oct 19 1939. Death is said to have occurred on the date stated above, at 5:21 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Degeneration
 Date of onset March 1937

Other contributory causes of importance: 92%

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 _____
 (Signed) F. R. Edwards, M. D.
 (Address) Stella 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.

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES
DIVISION OF FUNERAL HOME REGULATION

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.

