

FILED FEB 5 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH2925
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis ² Registration District No. 480
 (b) Township Union ⁰ Primary Registration District No. 5648 Registered No. 2
 (c) City Maywood (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

Roy L Baker 260
 (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 Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____ WIFE OF Anne Baker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20-1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 7 26

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. Labourer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Palmyra 0
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) Unknown 9
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sylvia Nichols

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

17. INFORMANT Eulah Baker Buckner
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maywood DATE Jan 18 1940

19. FUNERAL DIRECTOR A. H. Chambers
 (ADDRESS) Maywood Mo

20. FILED 1/18 1940 N. F. Elley
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1937, to Jan 16 1940
 I last saw him alive on Jan 16 1940 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency Date of onset Unknown

Other contributory causes of importance: 95%

Name of operation _____ Date of _____
 What test confirmed diagnosis? Spent Was there an autopsy? Yes

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? Yes
 If so, specify _____
 (Signed) D. J. Williams

(Address) Carroll Mo.

RECEIVED

District Health Officer No. 10

District File Number 2-40-207

Date Filed FEB 2 1940

STATEMENT BY LICENSED EMBALMER

I, A. N. Chambers, Licensed Embalmer No. 3766

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed A. N. Chambers

Licensed Embalmer No. 3766

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.)