

Registration District No. 89Primary Registration District No. 3007Registrar's No. 37

1. PLACE OF DEATH:

- (a) County Butler
 (b) City or town Poplar Bluff, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Brandon Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Several days
 (Specify whether

In this community
years, months or days)8. (a) PRINT FULL NAME 260 Edward Baker8. (b) If veteran, name war Spanish-American8. (c) Social Security No. None4. Sex M5. Color or race W6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Nora6. (c) Age of husband or wife if alive 50 years7. Birth date of deceased Sept. 17, 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 4 20 hr. min.9. Birthplace Kankakee, Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

- MOTHER FATHER { 12. Name Isaac Baker
 13. Birthplace Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Lendenhall
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Nora Baker(b) Address Williamsville, Mo.17. (a) Burial (b) Date thereof Feb. 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Harmon Near Cool Springs18. (a) Signature of funeral director Groy Funeral Service(b) Address Greenville, Mo.19. (a) 2/10/40 (b) Chetangin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Wayne
 (c) City or town Williamsville,
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
year 1940 hour 11:00 minute 50 A. M.21. I hereby certify that I attended the deceased from Feb 4, 1940, to Feb 7, 1940
that I last saw him alive on Feb 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Jaundice

Duration

?

Due to _____

Due to _____

Other conditions Diabetes Mellitus 1934
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 L. L. Gualle (M. D. or other) MD
Address Poplar Bluff, Mo. Date signed 2/10/40

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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 Green W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6061
Registrar's No. 37

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 89

Primary Registration District No. 3007

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Butler Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Edward Baker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH: Month Feb day 7 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Parasitis - General
Neuro-Syphilis
Diabetes mellitus

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) 83

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 C. L. Dealle (M. D. or other) _____
Address Butler Bluff Mo Date signed _____

Duration _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 6061

Registration District No. 89

Primary Registration District No. 3007

Registrar's No.

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edw. Baker

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 20
If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 7 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death Paralysis

Due to Syphilis

Due to Diabetes mellitus
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 83
Of autopsy

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 C. L. D'Amico (M. D. or other)
Address Poplar Bluff Date signed

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

SUPPLEMENTAL COPY