

Registration District No. 735Primary Registration District No. 3034Registrar's No. 76

1. PLACE OF DEATH:

(a) County Randolph

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

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

(d) Length of stay: In hospital or institution 2
(Specify whether _____)

In this community 18 years
years, months or days

3. (a) PRINT FULL NAME JESSE JAMES BAKER

3. (b) If veteran, name war World War

3. (c) Social Security No. 703-01-2213

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Baker

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July - 7 - 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 8 25 hr. min.

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

10. Usual occupation Section Man

11. Industry or business _____

12. Name Jessie Smith Baker

18. Birthplace Boone Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Roberts

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

16. (a) Informant's own signature Mrs. Jessie Baker

(b) Address 823 Myra Moberly Mo

17. (a) Burial (b) Date thereof Apr 13 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridland Cemetery

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly Mo

19. (a) Apr 3 - 40 (b) Deale Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 823 Myra
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1940 hour Nine minute _____ P.M.

21. I hereby certify that I attended the deceased from Coroner Case
_____ 19____ to _____ 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the _____ date and hour stated above.

Immediate cause of death Gunshot wound through heart and chest.

Due to _____

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence April 1 - 1940

(c) Where did injury occur? Moberly Randolph Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on her home

While at work? No (Specify type of place)

(e) Means of injury Pistol

23. Signature C. W. Shrader (M. D. or other) Coroner

Address Moberly, Mo. Date signed 4-3-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

AUG 6 1948

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, *and*

J. E. Barnes No. 2414

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

R M Carter

Licensed Embalmer No. _____

4117

P. O. Address _____

Maberly N.Y.

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.