

S. No. 2
1139
K21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22296

FILED JUL 17 1940

State File No.

Registrar's No. 33

Registration District No. 567

Primary Registration District No. 4334

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town East Prairie Mo.
(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 2
(Specify whether years, months or days)

8. (a) PRINT FULL NAME LOCEY EVERTT BAKER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 488-16-5115

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

(b) Name of husband or wife Annie Mae Baker 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Nov. 12 - 1903
(Month) (Day) (Year)

8. AGE: Years 36 Months 6 Days 21 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name John Samuel Baker

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

14. Maiden name Ann Elizabeth Bates

16. (a) Informant Annie Mae Baker

(b) Address East Prairie, Mo.

17. (a) Burial (b) Date thereof 6/12/40
(Burial, cremation, or removal) (Month) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Travis H. Shelby

(b) Address East Prairie Mo.

19. (a) June 12 - 40 (b) Mrs. M. Hodges
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town East Prairie Mo.
(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 June day 11
year 1940 hour 11 minute 10 a. M.

21. I hereby certify that I attended the deceased from about Jan 13 1939 to June 11 1940
that I last saw him alive on June 11 1940
and that death occurred on the date and hour stated above.

Immediate cause of death 50 Benign Tumor of the Prostate

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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 George W. Whitaker (M. D. or other)

Address East Prairie Mo. Date signed 6/12/40

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

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2,

District File Number 740-1245

Date Filed 7/15/40

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

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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. 22296

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 567

Primary Registration District No. 4324

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town East Prairie
(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 Lacey Everett 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 _____ year

7. Birth date of deceased MW 12 1903
(Month) (Day) (Year)

8. AGE: Years 36 Months 6 Days 21 If less than one day _____ 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 _____
(Burial, cremation, or removal) (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 June day 11
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 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 _____

Due to _____

Due to _____

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

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) _____
Means of injury _____

23. Signature Geo. W. Whelan (M.D. or other) _____

Address East Prairie Date _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTAL

