

S. 5-17-39  
I X21492

**MAR 19 1941** 774

Primary Registration District No. **4460**

Registrar's No. **1015**

94  
5  
20

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

**1. PLACE OF DEATH:**

(a) County St. Francois

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

(c) Name of hospital or institution: 1  
(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** AMOS LEE BAKER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 493-03,9820

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Dec 27 1886  
(Month) (Day) (Year)

**8. AGE:** Years 54 Months 1 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Lead Miner

11. Industry or business St Joe Lead Co

**MOTHER FATHER**

12. Name Joseph Baker

13. Birthplace Not known (City, town, or county) (State or foreign country) 9

14. Maiden name Not known

15. Birthplace Not known (City, town, or county) (State or foreign country) 4

16. (a) Informant Junior Baker

(b) Address Flat River Mo

17. (a) \_\_\_\_\_ (b) Date thereof 2, 18, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director Geo J. Coney

(b) Address Flat River Mo

19. (a) 2/18/41 (b) B. B. Farrell  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Francois

(c) City or town Flat River 94  
(If outside city or town limits, write "RURAL") 5

(d) Street No. Rural (If rural, give location) 0 2

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb day 15<sup>th</sup> year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from By Inquest, 1941 to Feb 15, 1941; that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot  
We the jury say that Amos Lee Baker came to his death by a gun shot wound in the head by an unknown party

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**PHYSICIAN**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Unknown?

(b) Date of occurrence Feb. 15, 1941

(c) Where did injury occur? Flat River St. Francois Mo  
(City or town) (County) (State)

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

While at work? No (Specify type of place)

(e) Means of injury Gun shot

23. Signature Parsons Daywell (M. D. or other) 1941

Address Canon Jourd Mo Date signed 2/15/41

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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.....

John A. Holt....., Registered Apprentice No. 260  
working under my personal supervision.

Signed Joe Diemer.....

Licensed Embalmer No. 970

P. O. Address Flat River 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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 8025-

Registration District No. 774

Primary Registration District No. 4465-

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**  
 (a) County: St Francois  
 (b) City or town: Flat River T. P.  
(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 years, months or days)  
 In this community \_\_\_\_\_

**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.

**3. (a) PRINT FULL NAME:** Amos Lee 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: wd  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Dec 22 1886  
(Month) (Day) (Year)

**20. DATE OF DEATH:** Month Feb day 15  
 year 1941 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 \_\_\_\_\_

**8. AGE:** Years 54 Months 1 Days 23 If less than one day \_\_\_\_\_ min. \_\_\_\_\_  
**9. Birthplace:** \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
**10. Usual occupation:** \_\_\_\_\_  
**11. Industry or business:** \_\_\_\_\_  
**MOTHER** { **12. Name:** \_\_\_\_\_  
**FATHER** { **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)** 2-15-41 **(b)** B. Blumar  
(Date received local registrar) (Registrar's signature)

**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?** \_\_\_\_\_  
(Specify type of place) (c) Means of injury  
**23. Signature:** Clarence Claywell M. D. or other \_\_\_\_\_  
**Address:** Bonne Terre **Date signed:** \_\_\_\_\_

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

SUPPLEMENTAL

