

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36330

FILED NOV 18 1941
Registration District No. 853

Primary Registration District No. 6117

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Osgood Rural
(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 LONNIE DEO BAKER

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 6 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 17 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Nelson Baker
13. Birthplace Sullivan Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Thelma Pickens
15. Birthplace Adair Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Nelson Baker
(b) Address Osgood Mo

17. (a) Burial (b) Date thereof Oct 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Grove

18. (a) Signature of funeral director W. H. Payne & Son
(b) Address Galt Mo

19. (a) Oct 25 1941 (b) Mrs. Ruth Tucker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Osgood Rural
(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 Oct day 23
year 1941 hour 4:00 am M.

21. I hereby certify that I attended the deceased from July 6
1941 to Oct 23 1941
that I last saw him alive on Oct 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Due to patent foramin oval
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
1572

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 2

23. Signature W. H. Payne (M. D. or other)
Address Harris, Mo Date signed 10/23/41

Duration

24 hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number

11-41-2076

Date Filed

NOV 14 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.