

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 16 1942

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 76

12
4
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution 3 hrs. 45 Min.
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME (Not named) Baby 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 D

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

7. Birth date of deceased March 3, 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. 45 min.

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

10. Usual occupation ---

11. Industry or business ---

MOTHER FATHER { 12. Name Willie Cecil Baker

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

{ 14. Maiden name Marie Zora Pickard

{ 15. Birthplace Dunklin County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Willie C Baker

(b) Address Fisk, Missouri

17. (a) Burial (b) Date thereof 3-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fisk

18. (a) Signature of funeral director M. Shain

(b) Address Fisk Mo

19. (a) 3-4-42 (b) Belle Kinnel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(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 March day 3rd
year 1942 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from 3-3-42
1942 to 3-3-42 1942
that I last saw him alive on 3-3-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth to mo.

Due to Eclampsia in Mother

Due to _____

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

Major findings: Of operations 159

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 Fred Biggs M.D. (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 3-3-42

RECEIVED

District Health Office No. 2,
District File Number 342-397
Date Filed 3-13-42

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, above space should be left blank.