

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 383

Primary Registration District No. 56-33

Registrar's No.

PLACE OF DEATH:

(a) County Hawell
(b) City or town Mountain View Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chapel Drug
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 Day. (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Allyn Baker.
3. (b) If veteran, ✓ name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Chied.
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased April 20 1929
(Month) (Day) (Year)

8. AGE: Years 13. Months - Days 15 If less than one day hr. min.

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

10. Usual occupation ✓

11. Industry or business ✓

12. Name Edgar E. Baker.
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jessie A. Barker.
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie A. Edgar

(b) Address Mountain View Mo.

17. (a) Burial (b) Date of death May 8 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Drug

18. (a) Signature of funeral director John F. L. Moore

(b) Address Mountain View Mo

19. (a) May 8 1942 (b) Ruth Hunt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hawell
(c) City or town Mountain View Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 6 (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1942 hour ✓ minute ✓ M.

21. I hereby certify that I attended the deceased from ✓ 19 ✓ to ✓ 19 ✓
that I last saw h. ✓ alive on ✓ 19 ✓
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot with a 22 Cal. Rifle by his brother
Due to John Baker accidental
Due to ✓

Other conditions 1848
(Include pregnancy within 3 months of death)

Major findings:
Of operations 31

* 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) Accident
(b) Date of occurrence May 5 - 1942
(c) Where did injury occur? Mountain View Mo. R2
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At Home on Farm
While at work? at play (Specify type of place) (e) Means of injury Gun shot
23. Signature John F. L. Moore Chapman
Address Mountain View Mo. Date signed May 6 - 42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by John J. Duncan
working under my personal supervision. Registered Apprentice No. 301

Signed

Licensed Embalmer No. 2516

P. O. Address Mountain View 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, fact should be so stated above.