

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18167

State File No. _____

FILED JUN 11 1942
Registration District No. 928

Primary Registration District No. 4243

Registrar's No. 107

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper (1551)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lexington Ave & 4th. Street 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 4 years
years, months or days)

3. (a) PRINT FULL NAME James Wilkerson Baker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Leora Fenton Baker

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

7. Birth date of deceased Oct. 2nd. 1864
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>77</u>	<u>6</u>	<u>17</u>	hr. min.

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

10. Usual occupation Merchant

11. Industry or business Retired General Mdse.

MOTHER FATHER { 12. Name James A. Baker

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

14. Maiden name LCusia Windsor

15. Birthplace Clifton Hill Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant C.F. Baker

(b) Address Jasper, Missouri.

17. (a) Burial (b) Date thereof May 21, 1942
(Burial, cremation, or re-removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paridise Cem.

18. (a) Signature of funeral director Chas J. Tetter

(b) Address Jasper, Missouri.

19. May 21, 1942 (b) Elizabeth Complin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper
(If outside city or town limits, write "RURAL")

(d) Street No. Lexington Ave. & 4th. Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1942 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 22d
1942, to May 19, 1942.

that I last saw him alive on May 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Softening Duration _____

Due to _____

Due to _____

Other conditions Myocardial insufficiency
(Include pregnancy within 3 months of death)

Major findings: 430 PHYSICIAN _____

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) _____

(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 J. Darwin Mager (M. D. or other) MD

Address Jasper, Mo. Date signed 5/20/42

42-5-503

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 *Howard E. Simpson*

Licensed Embalmer No. *4288*

P. O. Address *Jasper 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.