

S. No. 2  
M-1-4-41  
v. 5-17-39  
I X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

On Hand 28427  
State File No. 611  
Registrar's No. 611

Registration District No. 318

Primary Registration District No. 2000

39  
2  
6

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:  
809 S. Newton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community 40 years  
years, months or days

3. (a) PRINT FULL NAME James Marcus Baker

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Ida Baker

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

7. Birth date of deceased July 13, 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 4  
If less than one day hr. min.

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

10. Usual occupation Retired Railroad Employee

11. Industry or business Railroad

MOTHER FATHER { 12. Name James Baker

13. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Evangeline Williford

15. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Baker

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/42  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenham Cem

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 8-19-42 (Date received local registrar)

(b) R. W. Handley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 809 S. Newton  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17,  
year 1942 hour 1 minute P.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 Coronary Sclerosis

Duration not known

Due to Unattended by physician

Other conditions (Include pregnancy within 3 months of death) g4w

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

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

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? 0

23. Signature R. W. Handley (Specify type of place) (a) Means of injury Local Registrar  
Address Springfield, Mo. (M. D. or other) Date signed 8/31/42

987 (Licensed Embalmer's Statement on Reverse Side)

---

---

**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 Wayne Linkley

Licensed Embalmer No. 3444

P. O. Address Springer, 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.**

+