

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42275

State File No.

Registration District No. 329

Primary Registration District No. 4528

Registrar's No. 24

1. PLACE OF DEATH:

(a) County WAYNE
(b) City or town PIEDMONT
(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 RICHARD T. 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 Oct 15 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 — 18 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name ROSCOE BAKER
13. Birthplace LYNDA CO., ILL. 1
(City, town, or county) (State or foreign country)
14. Maiden name ROSA FOWLES
15. Birthplace MISSOURI 0
(City, town, or county) (State or foreign country)

16. (a) Informant ROSCOE BAKER
(b) Address PIEDMONT, MO.

17. (a) BURIAL (b) Date thereof Nov 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MADONIA, PIEDMONT, MO.

18. (a) Signature of funeral director NEW York

(b) Address Piedmont MO.

19. (a) Dec 30 1942 (b) Mrs. Lottie Manns
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE 111
(c) City or town PIEDMONT 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1942 hour 8:20 PM minute..... M.

21. I hereby certify that I attended the deceased from Nov 1 - 1942
Nov 3 - 1942 to 19
that I last saw him alive on Nov 1 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Intermittent Tuberculosis

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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)
(c) Means of injury..... 0

23. Signature T. C. Jones (M. D. or other) 0

Address Piedmont MO. Date signed 12-24-42

1103 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4
District File Number 43-1509
Date Filed 1-3-43

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 me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Licensed Embalmer No. 3387

P. O. Address Piedmont No.

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.