

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6055

State File No.

FILED FEB 15 1943

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Stockton
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Raymond Alexander Baker

3. (b) If veteran. XX name war. XX
3. (c) Social Security No. XX

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife XXXXXX
6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Mar. 28, 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 9 17 XXr. XXXX min.

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

10. Usual occupation XXXXXX

11. Industry or business XXX

12. Name Fred Baker
13. Birthplace Nashville, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Samsel
15. Birthplace Cedar County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Baker
(b) Address Stockton, Missouri
17. (a) Burial (b) Date thereof 1-17-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Younger Cemetery

18. (a) Signature of funeral director W. C. Davis & Co.
(b) Address Stockton, Missouri

19. (a) 1-30-43 (b) Mrs Ethel C. Lumb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1943 hour 12 minute 01 A. M.

21. I hereby certify that I attended the deceased from Jan. 15, 1943
to Jan. 16, 1943
that I last saw him alive on Jan. 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death mitral regurgitation

Due to —

Due to —

Other conditions 92b
(Include pregnancy within 3 months of death)

Major findings: 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) (a) Means of injury —

23. Signature J. D. [Signature] (M. D. or other)

Address Stockton, Mo. Date signed 1-16-43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 1-43-42
Date Filed 2-3-43

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.....
....., 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, fact should be so stated above.