

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

22
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FILED JUN 14 1943 9

Primary Registration District No. 5825

Registrar's No. 4356

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

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: 1' Camp June
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community three years years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 92

(c) City or town _____ (If outside city or town limits, write "RURAL") 0

(d) Street No. rural Catron (If rural, give location)

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

If yes, name country _____ 0

3. (a) PRINT FULL NAME J. P. Baker

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1943 hour 11:30 minute _____ a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race Black

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

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

7. Birth date of deceased mar 19 1927 (Month) (Day) (Year)

Immediate cause of death Drowned in drainage ditch

Due to _____

Due to _____

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

183 11 36

8. AGE: Years Months Days If less than one day

16 1 23 _____ hr. _____ min.

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

10. Usual occupation Farming

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy No

MOTHER FATHER {

11. Industry or business _____

12. Name Ed Baker

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

14. Maiden name Elizabeth Walker

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

16. (a) Informant William E Walker

(b) Address Catron Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-18-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Catron Cemetery

18. (a) Signature of funeral director T. C. Knight

(b) Address Parma Mo

19. (a) May 17 1943 (Date received by local registrar) (b) Mrs. S. B. Rademaker (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 072

(b) Date of occurrence May 12-1943

(c) Where did injury occur? Catron New Madrid, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Drainage ditch near Catron

While at work? _____ (Specify type of place) (e) Means of injury Drowning

23. Signatory Leo Hedgcock (M.D. or other) Deputy Coroner

Address New Madrid Mo Date signed 5/15-43

RECEIVED

District Health Office No. 2,

District File Number 643-811

Date Filed 6-20-43

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

Tom Cooper (I do not know the name) Registered Apprentice No. _____
working under my personal supervision.

Signed T. C. Knight

Licensed Embalmer No. 2189

P. O. Address Parish, 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.