

1. PLACE OF DEATH:

(a) County Knox  
(b) City or town Rural- Myrtle Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(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 32 years  
years, months or days)

3. (a) PRINT FULL NAME Richard Newton Baker

3. (b) If veteran, name war no 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 Wife 6. (c) Age of husband or wife if alive 44 years  
Partha B. Baker Bon

7. Birth date of deceased June 7 1911  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 1 18 hr. min.

9. Birthplace Rural Knox County Missouri  
(City, town, or county) (State or foreign country)

10: Usual occupation Farmer

11. Industry or business --

12. Name Frank Z. Baker  
13. Birthplace Skylor County Missouri

14. Maiden name Julia E. Baker Smith  
15. Birthplace Logansport, Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Z. Baker  
(b) Address LaBelle Missouri

17. (a) Burial (b) Date thereof July 29 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knox City? Missouri

18. (a) Signature of funeral director Norman D. Good  
(b) Address LaBelle, Missouri.

19. (a) July 27-43 (b) Willie Northcutt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis  
(c) City or town Rural- Knox County  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 18th  
year 1943 hour 2 minute 20 M.

21. I hereby certify that I attended the deceased from 18th day  
of July 1943 to 18 July 1943  
that I last saw the alive on July 18 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
& Hemorrhage of  
Stomach  
Due to ulcer & heavy strain

Due to 1

Other conditions 1170  
(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) No  
(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?

(Specify type of place)  
While at work? ✓ (e) Means of injury 0

23. Signature A. H. Gilliam (M. D. or other)  
Date signed 7/20/43

RECEIVED

District Health Officer No. 10

District File Number 8-43-13 20

Date Filed AUG 11 1943

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

*Norman D. Cooper*

Licensed Embalmer No. 3721

P. O. Address LaBelle, Missouri.

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, above space should be left blank.