

S. No. 2
M-2-43
5-17-39
X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3458A

NOV 12 1943

Registration District No. 704

Primary Registration District No. 0418

Registrar's No. 40

1. PLACE OF DEATH: Dunklin
 (a) County Dunklin
 (b) City or town Malden
 (c) Name of hospital or institution: 1 Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution about 40 yrs
 In this community about 40 yrs
 years, months or days

3. (a) PRINT FULL NAME Wm Alexander Baker
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. _____

4. Sex Male Color of race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lena
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased Aug 25 1871
 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 14
 If less than one day hr. _____ min. _____

9. Birthplace Martin Co Ind
 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____
 12. Name Joe E. Baker
 13. Birthplace Logan Co Ind
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Alexander
 15. Birthplace Lawrence Co Ind
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Baker
 (b) Address Malden Mo
 17. (a) Buried (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Malden Mo

18. (a) Signature of funeral director W. R. Craig
 (b) Address Malden Mo
 19. (a) 10-10-43 (b) W. D. Elder
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Dunklin
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9
 year 1943 hour 3 minute 15 A.M.
 21. I hereby certify that I attended the deceased from April 1943 to Oct 9 1943
 that I last saw him alive on Oct 2 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
 Duration 2 yrs

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

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____

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) _____ (e) Means of injury _____
 23. Signature Home Resell M.D. (M. D. or other) 0
 Address Malden Mo Date signed 10/15/43

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

MOTHER FATHER

Seal.

1288

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1143742
Date Filed 11-1-43

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 W. L. Craig

Licensed Embalmer No. 4302

P. O. Address Malden 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.