

FILED FEB 24 1944

Registration District No. 170

Primary Registration District No. 5627

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede
 (b) City or town Competition (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1 7th St. Bldg. Jmfr
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME EARL ALFRED BAKER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lois m. Baker 6. (c) Age of husband or wife if alive 27 years
 7. Birth date of deceased April 23 1913
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 8 24 hr. min.

9. Birthplace Laclede Co. mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name J. P. Baker
 13. Birthplace Wright Co. mo. 0
 (City, town, or county) (State or foreign country)
 14. Maiden name Camada Claxton
 15. Birthplace Wright Co. mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Lois m. Baker
 (b) Address Competition mo.
 17. (a) Burial (b) Date thereof 1-23-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Carni
 18. (a) Signature of funeral director W.E. Halman
 (b) Address Lebanon mo.
 19. (a) 1-31-44 (b) Grace Roper
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
 (c) City or town Competition (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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
 year 1944 hour 11 minute 30 P.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.

Immediate cause of death Drowning in Gasconade River while fishing in the mayfield
 Due to Eddy near Competition mo.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 183-3

Major findings: Of operations 36
 Of autopsy _____
 PHYSICIAN _____
 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) Accident 053
 (b) Date of occurrence 1-17-44
 (c) Where did injury occur? Rural Laclede mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on River
 (Specify type of place)
 While at work? (e) Means of injury 3
 23. Signature James D. Stanton (M.D. or other)
 Address Lebanon mo. Date signed 1-24-44

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

MOTHER, FATHER

1090

Received

Laclede County Health Unit

File No.

1-44-13

Date Filed

2/21/44

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

Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address. Lebanon 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.