

1. PLACE OF DEATH:

(a) County BUTLER  
 (b) City or town RURAL - Poplar Bluff  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: BUTLER Co. Farm 5  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 YEAR  
 (Specify whether  
 In this community 50 YEARS  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4 MI. SW OF POPLAR BLUFF  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUIS J. BAKER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife NANCY BAKER 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased AUG 6 - 1853  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 6 17 hr. \_\_\_\_\_ min.

9. Birthplace GREENVILLE MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT - RETIRED

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name SAM BAKER  
 13. Birthplace UNKNOWN 7  
 (City, town, or county) (State or foreign country)  
 14. Maiden name JOHNSON  
 15. Birthplace UNKNOWN 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Jack Heaton  
 (b) Address RFD 12 Poplar Bluff  
 17. (a) BURIAL (b) Date thereof FEB 23 - 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation COUNTY FARM

18. (a) Signature of funeral director A. P. Phelps  
 (b) Address Poplar Bluff Mo  
 19. (a) 3-6-44 (b) Belle Turner  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 23  
 year 1944 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from FEB 22 1944 to FEB 23 1944  
 that I last saw him alive on FEB 22 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 or 3 days

Due to hemiplegia  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Includes pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 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) \_\_\_\_\_  
 (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 J. Deane (M. D. or other) \_\_\_\_\_  
 Address Poplar Bluff Mo Date signed 2/23/44

Harriet

RECEIVED

District Health Office No.

District File Number 344-44

Date Filed 3-14-44

**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 <sup>NOT</sup>....., Registered Apprentice No..... working under my personal supervision.

Signed N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Paplar Bluff

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

2B  
43  
X36930

State File No. ....

Registration District No. 43

Primary Registration District No. 5143

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Rural Butler Bluff  
(b) City or town Rural Butler Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Louis J. Baker  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Aug 6  
(Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 10 If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....  
13. Birthplace..... (City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....  
(b) Address.....

17. (a) (Burial, cremation, or removal)..... (b) Date thereof..... (Month) (Day) (Year)  
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....  
(b) Address.....

19. (a) (Date received local registrar)..... (b) (Registrar's signature).....

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb year 1944 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....  
that I last saw h..... on..... 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death pneumonia 2 1/2 days

Due to senility  
Due to.....

Other conditions..... (Include pregnancy within 3 months of death) 109

Major findings:  
Of operations.....  
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).....  
(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..... (M. D. or other).....  
Address..... Date signed.....

SUPPLEMENTARY

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

10497