S. No. 2
OM—2-43
w. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21968

Registration District No. FILED JUL 19 1944

Primary Registration District No. 4308

Registrar's No. 6

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Noel
(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 1 (Specify whether years, months or days)

In this community none

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark (b) County Benton 999

(c) City or town Gravette, Ark-R2 3 0
(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 NO 2

3. (a) PRINT FULL NAME James V. Baker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 2 (Day) 1927 (Year)

8. AGE: Years 16 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Seamon Kansas 1 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Milton Baker
13. Birthplace Decatur, Arkansas 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Iva Sturdivan
15. Birthplace Omaha, Nebraska 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Milton Baker (Mother)

(b) Address Gravette Ark. R2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Maysville Cemetery

18. (a) Signature of funeral director Sam Clarke

(b) Address Maysville Ark

19. (a) July 5-1944 (Date received local registrar) (b) Mrs E M George (Registrar's signature)

1309

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 2nd year 1944 hour 3 minute a M.

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

Immediate cause of death Accidental Drowning

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 17 OC-3

Major findings:
Of operations 2 Y.

Of autopsy

Duration

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 060

(b) Date of occurrence 3-2-44

(c) Where did injury occur? Noel McDonald, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway (Elk River) (Specify type of place)

While at work? (e) Means of injury Ran off Roadway

23. Signature R M Humphrey (M. D. or other) Coroner

Address Pineville, Mo. Date signed 3-15-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 744-792
Date Filed JUL 13 1944

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 me

Registered Apprentice No. 6,

working under my personal supervision.

Signed R. E. Chestham

Licensed Embalmer No. 3813

P. O. Address

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.