S. No. 2
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5-17-89
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30642

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 292.

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

6
1
4

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1142 N. Frederick St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ------- In this community: 22 months and 28 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau
(c) City or town: Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No.: 1142 N. Frederick St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ----------

3. (a) PRINT FULL NAME: Richard Lee Alexander Baker
3. (b) If veteran, name war: -------
3. (c) Social Security No.: -------
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: ------
6. (b) Name of husband or wife: ----------
6. (c) Age of husband or wife if alive: ------- years
7. Birth date of deceased: October 6, 1943 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
1	10	28	hr. ___ mln.

9. Birthplace: Cape Girardeau, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: ----------
11. Industry or business: ----------
FATHER
12. Name: Emmett Baker
13. Birthplace: Tulsa, Okla (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Evelyn Abernathy
15. Birthplace: Cape Girardeau, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Evelyn Baker Cape Girardeau
(b) Address: 1142 N. Frederick St. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 5, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairmont Cemetery
18. (a) Signature of funeral director: F. L. Sparks
(b) Address: Cape Girardeau, Mo.
19. (a) 9-6-44 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 3 year: 1944 hour: 1 minute: 25 P.M.
21. I hereby certify that I attended the deceased from Aug 28 to Sept. 2, 1944, that I last saw him alive on Sept. 2, 1944 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Acute Meningitis no Cerebrospinal
Due to:
Due to:
Other conditions (Include 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? (Specify type of place)
While at work? —
(e) Means of injury: —
23. Signature: G. M. Murphy (M. D. or other)
Address: Cape Girardeau Date signed: 9-5-44

1014 (Licensed Embalmer's Statement on Reverse Side) Mo.

RECEIVED

District Health Officer No. 4

District File Number 1044-4399

Date Filed 10-7-44

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.