S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29284

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 57

1. PLACE OF DEATH:

(a) County: Scott

(b) City or town: Sikeston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sikeston General Hospital
(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)
In this community: 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scott 100

(c) City or town: Sikeston, Mo. 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Kenneth Kenzie Baker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: W 2

6. (b) Name of husband or wife

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

7. Birth date of deceased: 5 (Month) 2 (Day) 1879 (Year)

8. AGE: Years 67 Months 3 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace: Mississippi Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: Z. T. Baker
13. Birthplace: Mississippi Co. (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name: Jane McKenzie
15. Birthplace: Cape Girardeau Co. (City, town, or county) Mo. (State or foreign country) 11

16. (a) Informant: Mr Aron Baker
(b) Address: East Prairie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/11/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston, Mo. R.F.D.

18. (a) Signature of funeral director: H. W. Albritton
(b) Address: Sikeston, Mo.

19. (a) 9-10-46 (Date received local registrar) (b) Mrs. T. T. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 7 year 1946 hour 2 minute p.M.

21. I hereby certify that I attended the deceased from 7-7, 1946 to 8-7, 1946 and that death occurred on the date and hour stated above.
that I last saw him alive on 8-7-, 1946

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 830
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: 0

23. Signature: J. C. McClure (M. D. or other)
Address: Sikeston, Mo. Date signed: 8-17-46

(Licensed Embalmer's Statement on Reverse Side)

303

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

28122

On Letter

RECEIVED
District Health Office No. 2,
District File Number 946-1105
Date Filed 9-11-46

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

Embalmed, Registered Apprentice No. —,

working under my personal supervision.

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston, 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.