

FILED DEC 17 1946

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41407

Do not use this space.

1. PLACE OF DEATH

(a) County Monteclair Registration District No. 221
 (b) Township Linn Twp Primary Registration District No. 5993
 (c) City Monteclair (d) Street No. 1
 (e) Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? 1 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

(a) Residence, No. Douglas Wayne Baker St. 1
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-1-46

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 00 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Mo.
Linn Twp, Mo.

13. NAME C. A. Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neato, Mo.

15. MAIDEN NAME Margaret Brester

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnet Hill, Mo.

17. INFORMANT (ADDRESS) C. A. Baker
Quincy, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy, Mo. DATE 12-1-46

19. FUNERAL DIRECTOR (ADDRESS) None

20. FILED 12-3-46 Yada m. Suow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1-46

22. I HEREBY CERTIFY, That I attended deceased from 12-1-46, 1946

I last saw him live on 12-1-46, 1946 Death is said

to have occurred on the date stated above, at 5:15 PM

The principal cause of death and related causes of importance were as follows:

Premature Birth Date of onset 12-1-46

Other contributory causes of importance: Respiratory Membrane?

Name of operation 159 Date of 12-1-46

What test confirmed diagnosis? 159 Was there an autopsy? 159

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury 12-1-46

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) A. E. Mendenhall, M. D.

(Address) Prattville, Mo.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-5-46

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)