

Registration District No. **DEC 13 1939 89**

Primary Registration District No. **3007**

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff, Mo.  
(c) Name of hospital or institution: 327 N. B.  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")  
(d) Street No. 327 N. B St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13  
year 1939 hour 4:30 minutes A M.

21. I hereby certify that I attended the deceased from 11-10-39, 19\_\_\_\_, to 11-13-39, 19\_\_\_\_;  
that I last saw him alive on 11-10-39, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions None  
(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) None  
(b) Date of occurrence None  
(c) Where did injury occur? None (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None  
None (Specify type of place)  
While at work? No (e) Means of injury None

23. Signature J. W. M. M. M. (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff, Mo. Date signed 11-20-39

3. (a) PRINT FULL NAME Lafayette Alonzo Baker **260**

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec. 28, 1865  
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Lumber Mill Owner

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

12. Name DeLois Baker  
18. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Rankin  
(City, town, or county) (State or foreign country)

15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ida Baker  
(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Nov. 15, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Greer-Croy Funeral Service  
(b) Address Poplar Bluff, Mo.

19. (a) 11/15/39 (b) Whitinger  
(Date received local registrar) (Registrar's signature)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

*Grover W. Greer*

Licensed Embalmer No. *2964*

P. O. Address *Toplar Bluffs*

**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, above space should be left blank.**