

FILED AUG 9 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25190

State File No.

582

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County: GREENE
(b) City or town: Springfield WEST 166
(c) Name of hospital or institution: Burge Hospital 1
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 hr 30 min
(Specify whether years, months or days)

3. (a) PRINT FULL NAME:

BURL BAKER

3. (b) If veteran, name war: No

3. (c) Social Security No. 465-09-4450

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Aug 18 1916
(Month) (Day) (Year)

8. AGE: Years: 23 Months: 10 Days: 25 If less than one day: _____ hr. _____ min.

9. Birthplace: Texas State 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Salmon

11. Industry or business: Salesman

12. Name: Joseph Baker Jr
13. Birthplace: Unknown - Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Baker Young
15. Birthplace: Unknown Texas 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Edwin C. Baker
(b) Address: Temple Texas

17. (a) Removal (b) Date thereof: July-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Temple Texas

18. (a) Signature of funeral director: J. W. Klingner & Co.
(b) Address: Springfield Missouri

19. (a) July 13/40 (b) W. E. Haudley MD
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Texas (b) County: _____
(c) City or town: Temple
(If outside city or town limits, write "RURAL")
(d) Street No.: 1218 East 25th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 13
year: 1940 hour: 2 minutes: 35 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him live on July 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Spontaneous Pneumothorax from Ruptured lung
Due to: Auto accident - thrown from car.
Due to: _____

Other conditions: Fracture Rt Femur
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident
(b) Date of occurrence: 7/13/40
(c) Where did injury occur?: Greene County Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 66 - non collision
While at work? _____ (Specify type of place) (e) Means of injury: went to sleep

23. Signature: R. H. White (M. D. or other) _____
Address: Carson Greene County Date signed: 7/12/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 George Stone Jr., Registered Apprentice No. 232 working under my personal supervision.

Signed Warren D. Noble

Licensed Embalmer No. 4005

P. O. Address Springfield

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.

not s.w. X