

FILED SEP 24 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH29465
Do not use this space.

1. PLACE OF DEATH *Ray* 2
- (a) County *Ray* Registration District No. *914*
- (b) Township *Grape Grove* 0 Primary Registration District No. *6555* Registered No.
- (c) City *Richmond* (d) Street No. St.
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Johnnie Tom Baker*
- (a) Residence, No. *Ray Co. no. Rural* (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) *Sept 8, 1940*
- | | | | | |
|--------|----------|----------|----------|-------------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, .6 hrs. or min. |
| | <i>X</i> | <i>X</i> | <i>2</i> | |
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *✓*
9. Industry or business in which work was done, as saw mill, bank, etc. *✓*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation *✓*
12. BIRTHPLACE (CITY OR TOWN) *Richmond*
(STATE OR COUNTRY) *Mo*
13. NAME *John M. Baker*
14. BIRTHPLACE (CITY OR TOWN) *Richmond*
(STATE OR COUNTRY) *Mo*
15. MAIDEN NAME *Florence McTally*
16. BIRTHPLACE (CITY OR TOWN) *Richmond*
(STATE OR COUNTRY) *Mo*
17. INFORMANT *John Baker*
(ADDRESS) *Richmond, Mo*
18. BURIAL, CREMATION, OR REMOVAL
PLACE *Mt. Olivet* DATE *Sept. 6, 1940*
19. FUNERAL DIRECTOR *Bernard F. Mead*
(ADDRESS) *Waynes, Mo.*
20. FILED *19*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 6*, 1940
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
- I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at *6 A.* m.
- The principal cause of death and related causes of importance were as follows:
- Patient Foreman Male*
(died suddenly)
- Date of onset *?*
- Other contributory causes of importance: *1572*
- Name of operation _____ Date of _____
- What test confirmed diagnosis? *factory* Was there an autopsy? *no*
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
- Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify *W. James* _____, M. D.
(Signed) *W. James*
(Address) *Richmond, Mo.*

Local Registrar.

(Licensed Embalmer's Statement of Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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.)