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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35230

State File No. \_\_\_\_\_

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Dressell  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Dunklin Days  
(Specify whether years, months or days)

In this community About Four years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Kennett Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Edward Baker

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27<sup>th</sup>  
year 1940 hour 8 minute 15 P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Baker

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Oct 22 1912  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-20-40  
1940, to 9-27, 1940

that I last saw him alive on 9-27-40, 1940  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>10</u>	<u>5</u>	_____ hr. _____ min.

Immediate cause of death Uremic Poisoning

Due to Fracture of Pelvis with Penetrating Wound to Bladder extra-peritoneal

Due to \_\_\_\_\_

Duration

3 days

7 days

9. Birthplace Newport Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

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

12. Name Wm Baker

13. Birthplace Dunklin Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Jeffery

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

Major findings: Of operations \_\_\_\_\_

Of autopsy None

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically. Uremic Poisoning

16. (a) Informant A. D. Bazzell

(b) Address Rivers Mo

17. (a) Burial (b) Date thereof 9-30-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Local Burial

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Automobile Accident

(b) Date of occurrence 9-20-40

(c) Where did injury occur? On Highway near Arbyrd Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway

18. (a) Signature of funeral director L. J. ...

(b) Address Kennett Mo

19. (a) 9-19-40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury Auto - Accident

23. Signature S. R. Bazzell MD (M. D. or other) \_\_\_\_\_

Address Kennett, Mo Date signed 9-28-40

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

5  
7  
1

219M  
95

RECEIVED

District Health Officer No.

District File Number 440-17

Date Filed 11/14/40

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35-230

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Kennett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(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

3. (a) PRINT FULL NAME Edw Baker

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years.

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
27 11 5 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof (Month) (Day) (Year)

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_ (If outside city or town limits write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death meningeal meningitis Duration \_\_\_\_\_

Due to fracture of pelvis with  
paralytic uremia + bladder  
Dist to Was not a cellulosis, Cav  
returned thru my patient  
Other conditions from Cav  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations 210 mm  
Of autopsy 28

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) acc

(b) Date of occurrence 9-29-1940

(c) Where did injury occur? Hwy, State #25  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Hwy near arby's

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature G.P. Presnell (M. D. or other) M.D.

Address 204 S Main, Kennett Date signed 12-11-40

