

p. 2
13-40
7-39
K23159

Registration District No. **289** Primary Registration District No. **4173**

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden
(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 Life years, months or days) _____

3. (a) PRINT FULL NAME Earl Baker
3. (b) If veteran, name war. no **3. (c) Social Security No.** 495-14-1910

4. Sex Male **5. Color or race** Wht **6. (a) Single, widowed, married, divorced** married
6. (b) Name of husband or wife Mary Baker **6. (c) Age of husband or wife if alive** abt 25 years
7. Birth date of deceased Aug-27-1901
(Month) (Day) (Year)

8. AGE: Years 39 Months 2 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Franklin Co. - Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Specialty work

12. Name Frank Baker

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

14. Maiden name Ada Ford

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

16. (a) Informant Sam Johnson
(b) Address Kennett mo.

17. (a) Burial **(b) Date thereof** Nov-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kennett mo.
(a) Signature of funeral director W.H. Craig
(b) Address Malden mo.

19. (a) 11-13-1940 **(b) E. M. Mitchell**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Kennett
(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 Nov day 12 year 1940 hour 1 am minute _____ M.

21. I hereby certify that I attended the deceased from Unattended by a Physician
that I last saw h _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Second Degree Burn of Entire Body
Due to Clothing caught fire while he was repairing
Due to By a Camp fire

Other conditions (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 Nov 12 - 1940
(c) Where did injury occur? Malden, Dunklin mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

2 1/2 (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature George J. Gilman **(b) Address** 2001 S. Dunklin Co
Date signed 11-13-1940

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

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

RECEIVED DEC 11 1940

RECEIVED

District Health Officer No. 2

District File Number 1240-180

Date Filed 12/11/40

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, ~~_____~~ _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 12850

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.