

S. No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10196**

Registration District No. **89**

Primary Registration District No. **2007**

Registrar's No. **168**

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
310 N. 6th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
years, months or days **12 years** (Specify whether)

3. (a) PRINT FULL NAME **Judge William Baker**

3. (b) If veteran, name war **World War** 3. (c) Social Security No. **498-10-1477**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Wife** 6. (c) Age of husband or wife if alive **40** years
7. Birth date of deceased **Nov. 26 1898**
(Month) (Day) (Year)

8. AGE: Years **42** Months **4** Days **13** If less than one day hr. min.

9: Birthplace **Knoxyester Missal**
(City, town, or county) (State or foreign country)

10. Usual occupation **Long labor**

11. Industry or business **P.W.O.**

MOTHER FATHER { 12. Name **unknown**
13. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Hattie Baker**
(b) Address **310 N. 6th St**

17. (a) **Burial** (b) Date thereof **4/13-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **city**

18. (a) Signature of funeral director **Frank mortuary**
(b) Address **Poplar Bluff mo**

19. (a) **4/14/41** (b) **Kate Tutty**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Butler**
(c) City or town **Poplar Bluff** 12
(If outside city or town limits, write "RURAL")
(d) Street No. **310 N. 6th St** 3
0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **10**
year **41** hour **5** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **4-10** 19**41**, to **4-10** 19**41**;
that I last saw him alive on **4-10-** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuber pneumonia**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
PHYSICIAN _____

Major findings:
Of operations _____
Of autopsy _____
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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature **J. M. Hinchman** (M. D. or other) _____
Address **Poplar Bluff mo** Date signed **4-14-41**

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

12
7
3

27

JUL 11 1958

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 Shovel W. Green
Licensed Embalmer No. 2964
P. O. Address Poplar Bluff 7m

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.