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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24652

FILED AUG 11 1941

Registration District No. 89 70

Primary Registration District No. 5134 R

Registrar's No. 288

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural-Ash Hill Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #1 Fisk Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 5 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

(c) City or town Fisk Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1
(If rural, give location)

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

3. (a) PRINT FULL NAME Jerry C.Baker

3. (b) If veteran, name war

3. (c) Social Security No.

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 Feb. (Month) 2 (Day) 1941 (Year)

8. AGE: Years 0 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name W C.Baker
13. Birthplace Dunklin County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Pickard
15. Birthplace Clarkton, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W.C.Baker
(b) Address Fisk, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Clarkton, Mo.

18. (a) Signature of funeral director M S Shain
(b) Address Fisk, Mo.

19. (a) 7/24/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1941 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from July 23, 1941, to July 24, 1941; that I last saw him alive on 7-23, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Enterocolitis	
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S H Clay MD (M. D. or other)

Address Poplar Bluff Mo Date signed 7/24/41

(Licensed Embalmer's Statement on Reverse Side)

AUG 4 1941

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 Wallace N. Foster

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.