DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1871 Immermann

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 120.

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

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1022 Independence St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cape Girardeau
(c) City or town: Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No. 1022 2nd St (If rural, give location)
(e) Citizen of foreign country? S (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: BENJ. E. BAKER
3. (b) If veteran, name war: (Benjamine)
3. (c) Social Security No. 490-05-5316

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bell Duncan Baker
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Mar (Month) 12 (Day) 1892 (Year)

8. AGE: Years 49 Months 9 Days 7 If less than one day hr. min.

9. Birthplace: Charleston (City, town, or county) Mo U (State or foreign country)
10. Usual occupation: Mechanic
11. Industry or business: Automobile Lines
FATHER
12. Name: Alec Baker
13. Birthplace: Lutisville (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: Hannah Leader
15. Birthplace: Lutisville (City, town, or county) U Mo (State or foreign country)
16. (a) Informant: Mrs Ben E. Baker
(b) Address: Cape Girardeau Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 21 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Lorimier Cem.
18. (a) Signature of funeral director: Walther Und. Co
(b) Address: Cape Girardeau Mo.
19. (a) 12/21-41 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1941 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from Sept 7, 1941, to Dec 19, 1941, that I last saw him alive on Dec 18, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Malignant Neutropenia — Duration
Due to: Blood-stream infection
Due to: Pyorrhoea
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: C

23. Signature: Carl A. W. Immermann (M. D. ~~or other~~)
Address: Cape Girardeau Mo Date signed: Dec 29/41

1914 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 142-12
Date Filed 1-15-42

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 J. W. Poston

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau, Mo.

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.

V. S. No. 2B
10M—8-21-41
I X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 1871

Registration District No. 125 Primary Registration District No. 3009 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Gir.
(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)

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) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Benj E. 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 Mar (Month) 12 (Day) 1892 (Year)

8. AGE: Years 49 Months 9 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

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

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

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 19
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignant Neutropenia	
Due to Pyorrhoea	
Due to Para-Alveolar	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 76a	

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 Carl [illegible] (M. D. or other)
Address Cape Girardeau Date signed 3.24.42