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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3153

Registration District No. 157 Primary Registration District No. 4247 Registrar's No. 1

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Grand Ave Jasper Mo. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Five Years (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Jasper
(If outside city or town limits, write "RURAL") 0
(d) Street No.: West Grand Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Roy Lee Baker
3. (b) If veteran, name war: None
3. (c) Social Security No. 491-12-2291
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, divorced, married: Married
6. (b) Name of husband or wife: Violet Baker
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: Nov. (Month) 21 (Day) 1892 (Year)
8. AGE: Years 51 Months 1 Days 10 If less than one day hr. min.
9. Birthplace: Stockton (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Retired Grocery Merchant
11. Industry or business: Same
12. FATHER Name: James Baker
13. FATHER Birthplace: Vernon Co. (City, town, or county) Missouri 0 (State or foreign country)
14. MOTHER Maiden name: Leora Fenton
15. MOTHER Birthplace: Marys Co. (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Mrs. Violet Baker
(b) Address: Jasper, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 3-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Paradise Cem
18. (a) Signature of funeral director: Chas. J. Teeter
(b) Address: Jasper Mo.
19. (a) Jan. 3 '44 (Date received local registrar) (b) Elizabeth Coppler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1st. year 1944 hour Two minute 30 a M.
21. I hereby certify that I attended the deceased from ——, 1942, to Dec. 31st, 1943; that I last saw him alive on Jan. 1st, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis and Chronic Interstitial Nephritis	
Due to:	
Due to: 13 a	
Other conditions: Epilepsy (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: J. Darwin Magee (M. D. or other) D.O.
Address: Jasper, Mo. Date signed 1-1-1944

1203

(Licensed Embalmer's Statement on Reverse Side)

44-1-98

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 Chas. J. Tuter

Licensed Embalmer No. 25-66

P. O. Address Jasper 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.