

FILED MAY 12 1944

Registration District No. 310

Primary Registration District No. 62576

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Leasport, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1st Baptist Church
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community six weeks years, months or days

3. (a) PRINT FULL NAME Robert Ervin Baker Jr.

3. (b) If veteran, name war none 3. (c) Social Security No. none

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 February 9, 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Robert Ervin Baker Sr.

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

14. Maiden name Helen Healy

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Ervin Baker

(b) Address Mo. Lee, Mo.

17. (a) Burial (b) Date thereof Mar. 23, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Lee Chapel

18. (a) Signature of funeral director W. S. McQueen

(b) Address Advance, Missouri

19. (a) Apr 6 1944 (b) Wm. J. Bennett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Mo. Lee - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1944 hour 12 minute 30 AM

21. I hereby certify that I attended the deceased from Feb 9, 1944, to Feb 9, 1944
that I last saw him alive on Feb 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to _____

Due to _____

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) _____

(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 E. C. Masters (M. D. or other) MD

Address Advance, Mo. Date signed 4/5/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.