

FILED JAN 23 1947

Primary Registration District No. 3007

Registrar's No. 5

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: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter

(c) City or town Fremont
(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 if

3. (a) PRINT FULL NAME Dale Edward Baker

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1946 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 27, 1946 to December 29, 1946
that I last saw him alive on Dec 29, 1946
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 20, 1946
(Month) (Day) (Year)

Immediate cause of death meningitis
Causative agent unknown

Due to Otitis media bilat.

8. AGE: Years _____ Months 3 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Fremont Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

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

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Julian Baker

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

14. Maiden name Bela Thomas

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Julius Baker

(b) Address Fremont Mo

17. (a) Burial (b) Date thereof 12-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasantville

18. (a) Signature of funeral director Seaton Smith

(b) Address van Buren Mo

19. (a) 1-9-47 (b) R. W. Minter
(Date received local registrar) (Registrar's signature)

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 0

23. Signature H. H. Henrickson (M. D. _____)
Address Poplar Bluff, Mo Date signed 30th Dec 46

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

1
3

42201

RECEIVED

District Health Office No. 2,

District File Number 147-88

Date Filed 1-20-47

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 Seaton Dewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren Md

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.