

Registration District No. 107

Primary Registration District No. 3079542 Registrar's No. 222

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Rural, Ind. Top
(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) 1
(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Scott Baker

3. (b) If veteran, no name war. 3. (c) Social Security No. _____

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maudie Baker 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb 7 1899
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Baker
13. Birthplace Jackson Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Mattie White
15. Birthplace Hardy Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Maudie Baker
(b) Address Habler MO

17. (a) Removal (b) Date thereof 11-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greysda Mesa

18. (a) Signature of funeral director J.P. Treason

(b) Address Steele, MO

19. (a) 11-19-46 (b) Earl Husband
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Habler 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 Nov day 18
year 1946 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 10 1946
to Nov 12 1946

that I last saw him alive on Nov 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Leaky Heart Duration
Due to typhoid

Due to Leucemia

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature D.C. McQuinn (M. D. or other) MD
Address Hallard MO Date signed 11-19-46

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

MOTHER FATHER

RECEIVED

Office No. 2,

District File Number 147-123

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 John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo Box 42

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.