S. No. 2
—11-10-39
5-17-39
I X2

FILED MAR 10 1947

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4464

Registration District No. 109 | Primary Registration District No. 5424 | Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home 4 mi West Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)
In this community: 10 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: New Madrid
(c) City or town: Gideon
(If outside city or town limits, write "RURAL")
(d) Street No.: 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME: PAUL BRUCE BAKER.
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: MALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Lillie Baker
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: 2 (Month) 19 (Day) 1884 (Year)

8. AGE: Years 62 | Months 11 | Days 3 | If less than one day: hr. min.

9. Birthplace: Cartageville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: —
FATHER 12. Name: George Baker
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: " (City, town, or county) " (State or foreign country)
16. (a) Informant: A. G. Hall
(b) Address: Gideon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Malden, Mo.
18. (a) Signature of funeral director: Floyd Russell
(b) Address: Leggett & Williams
19. (a) 2/21/47 (Date received by local registrar) (b) Mrs. Bulah Campbell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1947 hour 11 minute 10 P.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.

Immediate cause of death: Myocardial Failure — Duration: 2 weeks
Due to: Arterio-Seclorsis
Due to: Died sitting in chair
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: 2

23. Signature: Walter G. Hawkins M.D. (M. D. or other)
Address: Kennett Mo. Date signed: 1-22-47

9 2

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Office No. 2
Death Certificate Number 347-314
Date Filed 3-4-47

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.....

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, above space should be left blank.