S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 696

FILED FEB 13 1948

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 22

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

35
6
0

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett R. Ind. Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin 35
(c) City or town Kennett Rural 2 (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

3. (a) PRINT FULL NAME Donnie Wayne Baker
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 6 (Day) 1947 (Year)

8. AGE: Years | Months 6 | Days 18 | If less than one day hr. min.

9. Birthplace Kennett (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Warren Baker
13. Birthplace Kennett (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Flora George
15. Birthplace Smith (City, town, or county) Mo (State or foreign country)
16. (a) Informant Warren Baker
(b) Address Kennett Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lufu Rev
18. (a) Signature of funeral director Lewis F. Home
(b) Address Kennett Mo
19. (a) 1-24-1948 (Date received local registrar) (b) Earl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 24 year 1948 hour 12 minute 10 A. M.
21. I hereby certify that I attended the deceased from 1-22-48, 19, to 1-24-48, 19; that I last saw him alive on 1-24-48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (Central)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

108

PHYSICIAN
Underline the cause of 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 D T Dempsey (M. D. or other) MD
Address Kennett Mo Date signed 1-24-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 248-211
Date Filed 2-11-48

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 Walter A Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett 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.