

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **944**

1. PLACE OF DEATH:

(a) County Sevier

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay In hospital or institution 5 hrs, 40 min  
(Specify whether years, months or days)

In this community same  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dallas

(c) City or town Buffalo  
(If outside city or town limits, write "RURAL")

(d) Street No. 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Billy Wayne Baker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race W.

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 Oct. 30 1948  
(Month) (Day) (Year)

8. AGE: Years - Months - Days - If less than one day 10 hr. 30 min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30  
year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10/30, 1948 to 10/30, 1948.  
that I last saw him alive on 10/30, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity with atelectasis, both lungs  
(Baby lived approximately 10 1/2 hrs)

Due to 159

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

10. Usual occupation None

11. Industry or business Infant

12. Name Billy W. Baker

13. Birthplace Dallas Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Nettie Lou Clark

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

16. (a) Informant Billy Baker

(b) Address Buffalo, Mo.

17. (a) Burial (b) Date thereof 10-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director [Signature]

(b) Address Buffalo, Mo.

19. (a) 11-1-48 (b) M. J. Shudley, JR.  
(Date received local registrar) (Registrar's signature)

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 159

Of autopsy 159

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) 0

While at work? - (e) Means of injury -

23. Signature [Signature] (M. D. or other) ✓  
Address Springfield Mo Date signed 10/2/48

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

39  
2  
6

*Infant Not embalmed*

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, fact should be so stated above.**