

No. 2
8-43
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37448

FILED DEC 1 1948 242

Primary Registration District No. 58301

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston Mo RFD # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Sikeston RFD # 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JAMES HARVEY BAKER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1948 hour 7 minute 19 P. M.
21. I hereby certify that I attended the deceased from Aug 42
....., 19....., to death....., 19.....;
that I last saw him alive on 12 Nov 48....., 19.....;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color of race white
6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife Floy Randal 6. (c) Age of husband or wife if alive 48 1/2 years
7. Birth date of deceased Aug 22 1900
(Month) (Day) (Year)

Immediate cause of death.....
Auricular fibrillation
Due to Hypertensive Vascular Disease
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

8. AGE: Years Months Days If less than one day
48 2 20 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name James Jackson Baker
13. Birthplace East Prairie Mo
(City, town, or county) (State or foreign country)
14. Maiden name Lola Lee Russell
15. Birthplace East Prairie Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J.H. Baker
(b) Address Sikeston Mo R 3

17. (a) Burial (b) Date thereof 11-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo

18. (a) Signature of funeral director Walter Funeral Home
(b) Address Sikeston Mo

19. (a) 12-4-48 (b) Thomas M. Sheeter
(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) (c) Means of injury.....

20. Signature e. l. h. th... (M. D. or other)
Address Sikeston Date 12/12/48

Duration
5 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

FEB 28 1949

RECEIVED
District Home Office No. 2
District File Number 1148-1584
Date Filed 11-30-48

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 *Raymond Lewis*

Licensed Embalmer No. 3467

P. O. Address *Sikeston 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.

Registration District No. 24v

Primary Registration District No. 5830

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Rural Skeeton R.R.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New Madrid
(c) City or town Rural
(d) Street No. Skeeton R.R. #3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James D. Baker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color of race W

6. (a) Single, widowed, married, divorced D

6. (b) Name of husband or wife Iley

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

48

2

2

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country) MO

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

James D. Baker

13. Birthplace

(City, town, or county)

(State or foreign country) MO

14. Maiden name

Joan Lee Russell

15. Birthplace

(City, town, or county)

(State or foreign country) MO

16. (a) Informant

Mrs J. H. Baker

(b) Address

MO

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

11-14-48

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

12-4-48

(Date received local registrar)

Thomas M. Skeeton

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month _____ Year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____

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 _____

23. Signature _____

(M. D. or other)

Address _____

Date signed _____

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

SUPPLEMENTARY

S-37448