

No. 300  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
**FILED DEC 22 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **39461**  
Registrar's No. **404**

Registration District No. **43**

Primary Registration District No. **3007**

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

**1. PLACE OF DEATH:**

(a) County Bartlesville  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Poplar Bluff Hospital  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 30 minutes  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME UNNAMED Baltimore Baby  
3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race white 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 November 27 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
5 hr. min.

9. Birthplace Campbell Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation —  
11. Industry or business —

MOTHER FATHER

12. Name James Baltimore  
13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Christian Davis  
15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant James Baltimore  
(b) Address Campbell, Mo. R. 1

17. (a) Burial (b) Date thereof 11-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation four mile cemetery

18. (a) Signature of funeral director Friends of Campbell  
(b) Address Campbell Mo.

19. (a) 12/22/48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Dunklin 35  
(c) City or town Campbell Union Township  
(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 November Day 27<sup>th</sup>  
Year 1948 hour — minute 7:00 p. M.  
21. I hereby certify that I attended the deceased from Nov. 27<sup>th</sup> 1948 to —, 1948;  
that I last saw him alive on Nov. 27<sup>th</sup> 1948, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (6 mo) -  
Duration —

Due to —  
Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy 159

**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 Wallacia Selby (M. D. or other) MD  
Address Campbell Mo. Date signed 12/9/48

RECEIVED

District Health Office - No. 2

File Number 125-1-1684

Date Filed 12-20-48

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**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.

Not Embalmed

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.**