No. 300
10-48

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9320

BIRTH NO. — REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5828 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural. LeSieur Twp
c. LENGTH OF STAY (in this place) 20 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) (colored Section)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Le Sieur Twp
d. STREET ADDRESS (If rural, give location) (East of Bay in Colored Section)

3. NAME OF DECEASED (Type or Print)
a. (First) Horace
b. (Middle)
c. (Last) Baker

4. DATE OF DEATH (Month) (Day) (Year) April 1 1949

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH don't Know
9. AGE (In years last birthday) about 60 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) day labor
10b. KIND OF BUSINESS OR INDUSTRY laborer
11. BIRTHPLACE (State or foreign country) don't know
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME don't Know
13b. MOTHER'S MAIDEN NAME don't Know
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Mary King Portageville, Mo ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Glomerulonephritis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

5 92X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Portageville (COUNTY) New Madrid (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Mar, 1949, *to* 15 Mar, 1949, *that I last saw the deceased alive on* 15 Mar, 1949, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE L. B. Painter Jr. (Degree or title) M. D.
23b. ADDRESS Portageville, Mo.
23c. DATE SIGNED 4-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 2, 1949
24c. NAME OF CEMETERY OR CREMATORY Colored Cemetery
24d. LOCATION (City, town, or county) Portageville, Mo (State)

DATE REC'D BY LOCAL REG. 4-5-49
REGISTRAR'S SIGNATURE Ellen De Lisle 214
25. FUNERAL DIRECTOR'S SIGNATURE De Lisle Funeral Parlor ADDRESS Portageville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 449-47
Date Filed 4-12-49

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 Not embalmed Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

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.