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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17688

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2215

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3809 Washington Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 23 Years
years, months or days)

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3. (a) PRINT FULL NAME Mr. William P Baker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Eva E. Baker

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December (Month) 13 (Day) 1849 (Year)

8. AGE: Years 90 Months 5 Days 16 If less than one day ___ hr. ___ min.

9. Birthplace Cumberland Mountains Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer 1

11. Industry or business ----

FATHER
12. Name U-known Baker 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Eva E. Baker
(b) Address 3809 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) May 30, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3809 Washington Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ---- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1940 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from 9/20, 1939, to 5/28, 1940;
that I last saw him alive on 5/28, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Coronary thrombosis with hypertension

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

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) no
(b) Date of occurrence
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
(Specify type of place)
While at work (e) Means of injury no

23. Signature E. Mathias (M. D. or other)
Address 1003 Sharp Bldg KC Mo Date signed 5/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.