

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6143 Brookside - Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 22 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry A. Baker

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

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Clara C. Baker
6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased. 2 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 15
If less than one day hr. min.

9. Birthplace N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business

12. Name Geo L Baker

13. Birthplace N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret McLaughlin

16. Birthplace N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara C. Baker

(b) Address 6143 Brookside K.C. Mo.

17. (a) Cremation (b) Date thereof 9/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stuart Mac Clark

(b) Address 3235 Wilham Plaza K.C. Mo.

19. (a) Sept. 17, 1940 (b) M. M. Crowe
(Date received local registrar) (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. 6143 Brookside
(If rural, give location)
(e) If foreign born, how long in U. S. A. U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17
year 1940 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 16 to Sept 17 1940
that I last saw him alive on Sept 16 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis Duration day 7/40

Due to 945

Due to

Other conditions Include pregnancy within 8 months of death

Other findings: Pulmonary Embolism Sept 16/40

Of operations None

Of autopsy None

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, or farm, in industrial place, in public place?

While at work? (Specify type of place)

(e) Means of injury

123. Signature J. V. Dell (M. D. or other)

Address 123 Jefferson St Date signed Sept 17/40

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

MOTHER FATHER

*Dr. S. V. Bell
Ort's Bldg
3 Dickerson*

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 *J B Waters*
Licensed Embalmer No. *3992*
P. O. Address *KC 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, above space should be left blank.