

FILED APR 8 1942  
Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 1210

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
748  
3  
8

1. PLACE OF DEATH:  
(a) County... Jackson  
(b) City or town... Kansas City  
(c) Name of hospital or institution... K.C. General Hospital No. 1  
(d) Length of stay: In hospital or institution... 2 days  
In this community... 42 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State... Missouri (b) County... Jackson  
(c) City or town... Kansas City  
(d) Street No. 1122 Myrtle  
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME... Ruth Baker  
3. (b) If veteran... name war...  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 28th  
year 1942 hour 10 minute 52 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife... Howard Baker 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased June 2 1899

21. I hereby certify that I attended the deceased from 3-26-42 to 3-28-42  
that I last saw him alive on 3-28-42  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Subarachnoid hemorrhage  
Due to...  
Due to...  
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 42 Months 9 Days 26 If less than one day hr. min.

PHYSICIAN  
Major findings: Of operations...  
Of autopsy... See above

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

10. Usual occupation... housewife

MOTHER FATHER  
11. Industry or business...  
12. Name... George Long  
13. Birthplace... Illinois  
14. Maiden name... Frances Babb  
15. Birthplace... Missouri

16. (a) Informant... Elmer Baker  
(b) Address... 814 Harrison, K.C. Mo.

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? ...  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof 3-30-42  
(c) Place: burial or cremation... Greenlawn

18. (a) Signature of funeral director... Weiler Funeral Home  
(b) Address... 2332 Monitor Place, K.C. Mo.  
19. (a) 3-30-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

23. Signature... Dr. K. V. Gen Hospital  
Address... Date signed...

APR 9 1942

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 *Blaine E. Weiler*

Licensed Embalmer No. *4075*

P. O. Address *2332 Monitor Place  
R.C. 24*

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.