. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32615

Filed NOV 9 1942

Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 4010

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~~: 403 So Lawn 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 20 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No.: 403 So Lawn
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) No
If yes, name country .....

3. (a) PRINT FULL NAME: Baker Gilbert C.
3. (b) If veteran, name war: Yes
3. (c) Social Security No.: None
4. Sex: Male 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Alice Ethel Robra
6. (c) Age of husband or wife if alive: 40 years
7. Birth date of deceased: July (Month) 30 (Day) 1900 (Year)

8. AGE: Years 42 Months 2 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace: Butler (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: Clerical work
11. Industry or business: U.S. Army Finance Dept
12. Name: Joseph W Baker
13. Birthplace: Butler (City, town, or county) Mo 0 (State or foreign country)
14. Maiden name: Eliza Jane Hart
15. Birthplace: Arkansas (City, town, or county) (State or foreign country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1942 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from Aug 14/42 ..... 19..., to Oct 28 ..... 1942 that I last saw him alive on Oct. 28. ..... 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration
Due to: Arteriosclerosis Pectoris
Due to: 94a
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None
Of autopsy: None

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury

23. Signature: W. L. Thrasekild (M. D. or other)
Address: 3229 E. 7th St Date signed: 10/29/42

18. (a) Signature of funeral director: Leland H Francis
(b) Address: Parkville Mo
19. (a) 10/30/42 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

Cor. Leg. Mother & Father

Butler 361 (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 me, Registered Apprentice No. working under my personal supervision.

Signed L. H. Francis

Licensed Embalmer No. 8451

P. O. Address Parkville Mo.

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

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 32645-42

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4010

On this 15th day of January, 1943, before me appears Ethel Alice Baker, who, upon her oath, states that the original record of ~~birth~~ death for Gilbert C. Baker, died ~~born~~ Oct 28, 1942 in the State of Missouri, and which was filed at K. C. on 10-30, 1942, should be corrected as follows:

Item No. 6 should read Ethel Alice Baker

Instead of Ethel Cline Baker

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ethel Alice Baker Wife
Relationship.

3330 Gillham Rd., Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 15th day of January, 1943

My Commission expires My Commission Expires Aug. 26, 1945

Elizabeth Clark Notary Public.

Affidavits containing erasures will not be accepted, and [illegible]

S. 135
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