

FILED NOV 11 1942
Registration District No. 1746

Primary Registration District No. 3026

Registrar's No. 287

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution 1713 Scott. Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days) 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1713 Scott. Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FRED D. BAKER

3. (b) If veteran Spanish American War name and No. none

3. (c) Social Security No. _____

4. Sex male 5. Color of hair White 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Kathryn Baker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 16-1860
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Boiler Maker

11. Industry or business _____

12. Name George A. Baker

13. Birthplace Nesho, Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Annay A. Maynard

15. Birthplace London, England
(City, town, or county) (State or foreign country)

16. (a) Informant Kathryn Baker

(b) Address 1713 Scott. Ave

17. (a) Burial (b) Date there 10-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director W. J. O. Parson

(b) Address Independence, Mo

19. (a) 10-31-42 (b) J. J. J. J. J.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1942 hour 11 minute 24 P.M.

21. I hereby certify that I attended the deceased from Oct 12 1942 to Oct 29 1942 and that I last saw him alive on Oct 29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular renal disease - cardiac decompensation Duration 2 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/2

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature W. J. O. Parson (M. D. or other) MD

Address Independence, Mo Date signed 10/31/42

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

48
4
4

Dr. Allen
Permit # 329

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.....

Dean Owens

Licensed Embalmer No.....

4280

P. O. Address.....

Independence, 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, fact should be so stated above.

EX 17 1922