V. S. No. 2
50M—5-42
Rev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8977

FILED MAR 20 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1187

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: St. Joseph Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks (Specify whether years, months or days)
In this community 7 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson, 48 3
(c) City or town Kansas City, 6
(If outside city or town limits, write "RURAL")
(d) Street No. Newbern Hotel, 525 E. Armour
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Minnie Preston Baker,
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Widowed,
6. (b) Name of husband or wife Ivan Ben Baker,
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased August (Month) 5 (Day) 1863 (Year)

8. AGE: Years 79 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation at home,
11. Industry or business x

MOTHER FATHER
12. Name John S. Preston,
13. Birthplace New York, 1 (City, town, or county) (State or foreign country)
14. Maiden name Mary Mailor,
15. Birthplace Canada, 2 (City, town, or county) (State or foreign country)

16. (a) Informant Roy Swanson,
(b) Address 906 Commerce Bldg., Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 3-9-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1943 hour minute M.
21. I hereby certify that I attended the deceased from Feb 2 1943 to Mar. 7th 1943 that I last saw her alive on Mar 7th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ovary & Abdominal Metastases. — Duration
Due to
Due to 4 mo.
Other conditions (Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature James D. Smith (M. D. or other)
Address 318 Brock Bldg. K.C. Mo. Date signed 3/9/43

(Licensed Embalmer's Statement on Reverse Side)

J.D. Cliff Bailey
Dr. Smith 10 35

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 E M. Plauck

Licensed Embalmer No. 1848

P. O. Address K. C 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.