

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36871

FILED MAR 18 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1089

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:
General Hosp
(If not in hospital or institution, write street number and occupation)

(d) Length of stay: In hospital or institution 12 hours
(Specify whether years, months or days) Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas City ⁸
(If outside city or town limits, write "RURAL")

(d) Street No. 1061 Broadway
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CHESTER VERNON BAKER

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8
year 1944 hour 5 minute 20 A.M.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased: March 10 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw h Deputy Coroner, 19____; and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>69</u> | <u>11</u> | <u>18</u> | hr. min. |

Immediate cause of death: Cerebral Hemorrhage

Due to _____

Due to _____

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

10. Usual occupation mail handler (retired)

Other conditions (Include pregnancy within 3 months of death): 8 3/4'

Major findings: _____

Of operations _____

Of autopsy See Above

MOTHER FATHER

11. Industry or business _____

12. Name Joac. Baker

13. Birthplace Carrollton, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Jones

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

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? _____

16. (a) Informant Mrs. Jessie Baker

(b) Address 1307 Harrison

17. (a) Burial (b) Date thereof 3-10-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: of burial or cremation Platte City, Mo.

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature Dr. E. W. Wisher (M. D.) ^{3/8/44}

Address 22 N. 1st Date signed _____

18. (a) Signature of funeral director Ch. Sandifson

(b) Address 3146 May St

19. (a) 3-9-44 (b) N. C. Brown
(Date received local registrar) (Registrar's signature)

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

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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

Rear Samuelson

Licensed Embalmer No. *3002*

P. O. Address *3146 Main*

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.