No. 2
—8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20470

Primary Registration District No. 1002

Registrar's No. 2672

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. MARY'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 2 DAYS (Specify whether
In this community 33 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 0

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.#1- HICKMAN MILLS
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MR. JOHN MAXMILLIAN BAPTISTE

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-03-2657

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of ~~husband or~~ wife MRS. MARY S. BAPTISTE

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased FEBRUARY (Month) 21 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	4	2	hr. min.

9. Birthplace MADERIA (City, town, or county) 4 IRELAND (State or foreign country)

10. Usual occupation PRESIDENT

11. Industry or business UNITED CHEMICAL COMPANY

FATHER
12. Name UNKNOWN BAPTISTE
13. Birthplace MADERIA (City, town, or county) 4 IRELAND (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant MRS. MARY S. BAPTISTE
(b) Address R.R.#1- HICKMAN MILLS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE (Month) 27 (Day) 1944 (Year)
(c) Place: burial or ~~cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401- BRUSH CREEK BLVD.

19. (a) 6-27-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 23RD year 1944 hour 1 minute 27A M.

21. I hereby certify that I attended the deceased from 6-17-44, 19__, to 6-23-, 1944; that I last saw him alive on 6-22, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypotensive (Prerenal). Uremia	
Due to Hypotension following Cardiac Infarct (Posterior).	
Due to Aptedry Sclerosis	
Other conditions no (Include pregnancy within 3 months of death)	
Major findings: Of operations 133 K 3	
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 Wilson A Meyers (M. D. ~~or other~~)

Address Kansas City, Mo. Date signed 6/27/44

(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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed E. C. Northey

Licensed Embalmer No. 1767

P. O. Address K C Mo

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

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