S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 39974
4872

Registrar's No.

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: 5741 Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

(c) City or town 5741 Grand
(If outside city or town limits, write "RURAL")

(d) Street No. no.
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Anna 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 Widowed,

6. (b) Name of husband or wife Ely C. Baker

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

7. Birth date of deceased November (Month) 22 (Day) 1853 (Year)

8. AGE: Years 91 Months 0 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name John Long,
13. Birthplace Georgia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sara Ann Williams
15. Birthplace unknown,
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Daisy Baker,
(b) Address 5741 Grand, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) Dec 4, 1944 (Date received local registrar) (b) F E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd year 1944 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from 9-4- 1944 to 12-2 1944 that I last saw her alive on 12-2 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure — Duration 3 hours

Due to Arteriosclerosis

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

97

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 L. F. Barr (M. D. or other) MD

Address Kansas City Kans Date signed 12-4-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. F. Barney, K. C. K.
Dr. 2281

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.....

Licensed Embalmer No. 1416

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.