

FILED JUN 11 1945
199

Primary Registration District No. 1002

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'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-DAY
(Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 4120 TROST AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27TH
year 1945 hour 2 minute 29 P.M.

21. I hereby certify that I attended the deceased from Oct. 7³⁰ 1944 to May 27⁴⁵ 1945
that I last saw her alive on May 27⁴⁵ 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction
Duration 3 days

Due to Carcinoma of Ovary
(Operated 1941) (Recurred)
Due to

Other conditions: (Include pregnancy within 3 months of death) 49a

Major findings:
Of operations: I
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)
(a) Means of injury: _____

23. Signature: Thomas N. Smith (M. D. or other) 5/28/45
Address: 216 Professional Bldg Date signed: 5/28/45

3. (a) PRINT FULL NAME MRS. ILLA MAY BAKER

3. (b) If veteran, name war NONE
3. (c) Social Security No. 489-05154

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced, WIDOWED
6. (b) Name of husband or wife MR. OLLIE BAKER
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 19 1896
(Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 8
If less than one day hr. min.

9. Birthplace HARRIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AUDITOR

11. Industry or business LADIES INTERNATIONAL GARMENT WORKERS

12. Name JAMES LEWIS TODD

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

14. Maiden name MARY LUETTA BAKER

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

16. (a) Informant Mary Luetta Todd

(b) Address 1709 N 27th ST

17. (a) BURIAL (b) Date thereof June 2 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. WASHINGTON CEM

18. (a) Signature of funeral director N. J. Newcomer

(b) Address 1401 Brush Creek Blvd

19. (a) 5-29-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

861

086210
012780

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 A. C. Newcomer, Jr.
Licensed Embalmer No. 4043
P. O. Address A. 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.