

FILED JUN 2 1945

Registration District No. **4/2**

Primary Registration District No. **1001**

Registrar's No. **581**

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **St Joseph**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **7th & Kambilant 1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Buchanan**
 (c) City or town **St Joseph** (If outside city or town limits, write "RURAL")
 (d) Street No. **902 No 6 St** (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **Grover F. Baker**
 3. (b) If veteran, name war
 3. (c) Social Security No. **499-20-4689**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **28** year **1945** hour **1** minute **7** P.M.
 21. I hereby certify that I **viewed** attended the deceased **on** **5-28**, 1945, to that I last saw him **alive** on **5-28**, 1945, and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive **26** years (Month) (Day) (Year)
 7. Birth date of deceased **Mar 26 1890** (Month) (Day) (Year)

Immediate cause of death **Angina Pectoris** Duration
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations **948**
 Of autopsy

8. AGE: Years **55** Months **2** Days **2** If less than one day hr. min.

9. Birthplace **Unknown** (City, town, or county) (State or foreign country)
 10. Usual occupation **Laborer - Farmer**

11. Industry or business
 12. Name **Unknown**
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name
 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **Susan Anderson**
 (b) Address **St Joseph Mo.**
 17. (a) **Removed** (b) Date thereof **5-30-45** (Month) (Day) (Year)
 (c) Place: burial or cremation **Nois Springs Ia.**

18. (a) Signature of funeral director **FLEEMAN & SON, INC**
 (b) Address **ST. JOSEPH, MO.**
 19. (a) **5-29-45** (b) **Valent J. Pickett** (Date received local registrar) (Registrar's signature)

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) (e) Means of injury **3**
 23. Signature **B. D. Taylor M.D. Coroner** (M.D. or other)
 Address **King Hill Bldg** Date signed **5/29/45**

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

MOTHER FATHER

JUN 1 1975

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~~

working under my personal supervision.

Registered Apprentice No. _____

Signed

Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address

St. Joseph, 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.