

PREP JUL 3 1945  
Registration District No. 149

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 HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1-DAY (Specify whether years, months or days)  
In this community 7 MONTHS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY MS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2510-DENVER AVENUE (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME LARRY JAMES BAKER

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

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 years

7. Birth date of deceased OCTOBER 27 1945  
(Month) (Day) (Year)

8. AGE: Years 7 Months 20 Days  
If less than one day hr. min.

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

10. Usual occupation INFANT

11. Industry or business

12. Name GEORGE W. BAKER

13. Birthplace RED ROCK ARKANSAS  
(City, town, or county) (State or foreign country)

14. Maiden name ALLE FINCH

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

16. (a) Informant MR. GEORGE H. BAKER, JR.

(b) Address 2510-DENVER AVENUE

17. (a) BURIAL (b) Date thereof JUNE 19 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. N. Newcomer's son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-19-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17 TH  
year 1945 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 15 1945 to June 17 1945  
that I last saw him alive on Sun June 17 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Lunges tracheo bronchitis 48 Hr  
Duration

Due to

Due to 106 C

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

Major findings: R. Of operations

Of autopsy Lunges tracheo bronchitis  
PHYSICIAN Underline the cause to which death would 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) (e) Means of injury

23. Signature Clark W Seely M.D. or other

Address 315 Alameda Road Date signed 6/18/45

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

1107 August 2014  
1:40

**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. Oscar Worthy*  
Licensed Embalmer No. 1767  
P. O. Address *Kansas City*

**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.**