

S. No. 2
M-5-43
7-5-17-39
I X38671

FILED APR 10 1946
149

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:
General Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 4 days
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. 107 Ward Parkway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM A. BAKER
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 4 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation unknown

11. Industry or business _____

12. Name John N. Baker

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

14. Maiden name Mary Peters

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

16. (a) Informant Record Clerk
(b) Address General Hospital No. 1

17. (a) Removal (b) Date thereof 3-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paola, Kansas

18. (a) Signature of funeral director L. E. Metzger
(b) Address Paola, Kansas

19. (a) 3-24-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24
year 1946 hour 6 minute 45P M.

21. I hereby certify that I attended the deceased from March 20th 1946 to March 24, 1946
that I last saw him alive on March 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis of peritoneum and greater omentum

Due to _____
Due to _____

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

Major findings: 46h
Of operations _____

Of autopsy See above

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 0

23. Signature Wm W. Hart (M.D. or other)
Address Med. Dir. Gen'l Hosp Date signed 3-28-46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

5186

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.....

L. F. Metzler

Licensed Embalmer No. *1489*

P. O. Address.....

Paola, Kansas

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.