

No. 2
1-5-43
5-17-39
I X36671

STANDARD CERTIFICATE OF DEATH

State File No. **9785**
Registration District No. **3026**
Primary Registration District No. **3026**
Registrar's No. **90**

FILED APR 6 1946

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

1. PLACE OF DEATH: **Jackson**

(a) County **Independence**

(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Independence Sanitarium** **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 days**
(Specify whether)

In this community **30 years**
years, months or days

3. (a) PRINT **CATHARINE GRACE BAKER**
FULL NAME

3. (b) If veteran, **none** name war

3. (c) Social Security **none** No.

4. Sex **female** / 5. Color or **white** race

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Ben. F. Baker**

6. (c) Age of husband or wife if **61** years alive **1888**

7. Birth date of deceased **December 31 1888**
(Month) (Day) (Year)

8. AGE: Years **57** Months **2** Days **7**

If less than one day **hr. min.**

9. Birthplace **California** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

MOTHER FATHER { 12. Name **Simon Cronin**

13. Birthplace **Unknown** **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Hart**

15. Birthplace **High Point** **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ben. F. Baker**

(b) Address **1401 Home**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **3-9-1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's Cemetery**

18. (a) Signature of funeral director **Geo. C. Carson Funeral Home**

(b) Address **Independence Missouri**

19. (a) **Mar. 16 1946** (Date received local registrar)

Allen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **Jackson**

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Rural Independence** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **1401 Home** **0**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8**
year **1946** hour **4** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **March 7** 1946 to **March 7** 1946
that I last saw him alive on **March 7** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Uræmia, from**
Amuria **4 days**

Due to **Hypertensive Heart Disease**
Chronic Nephritis & decompensation
Due to **Diabetes mellitus**

Other conditions **Diabetes mellitus**
(Include pregnancy within 3 months of death)

PHYSICIAN **Allen**

Major findings:
Of operations **No operation**

Of autopsy **no autopsy**

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? **Allen** (M. D. or other)

23. Signature **Allen** (M. D. or other)

Address **Independence Mo** Date signed **3-8-46**

35K

JAN 29 1957

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

George S. Carson

Licensed Embalmer No. *2249*

P. O. Address. *Indep. 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.