S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

19016

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20143

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2872

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: CONLEY HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours (Specify whether

In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County WYANDOTTE

(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")

(d) Street No. SMITH Rd RR#3 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME IRENE BELL BAKER

3. (b) If veteran, name war no

3. (c) Social Security No. 512-01-9459

4. Sex Fe

5. Color or race Wh.

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

6. (b) Name of husband or wife Duane

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased October (Month) 3 (Day) 1919 (Year)

8. AGE: Years 26 Months 8 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles ~~Smith~~ Scott
13. Birthplace (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Lillian Smith
15. Birthplace (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Duane Baker

(b) Address Smith Rd. RR#3 K.C. Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/29/46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery K.C.K.

18. (a) Signature of funeral director R.A. Fulton

(b) Address 1319 N. 18th St. K.C. Kansas

19. (a) 6-29-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 23, 46, 19, to June 27, 1946 that I last saw her alive on June 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Surgical Shock following Cesarean Section

Due to Hemorrhage due to Placenta Previa Centralis

Due to full term Bordering on Toxemia of Pregnancy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 146a

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. C.A. Poulovich (M. D. or other) DO

Address Chambers Bldg KC Mo. Date signed 6/28/46

(Licensed Embalmer's Statement on Reverse Side)

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 Maurice M. Swisher

Licensed Embalmer No. 3505

P. O. Address K. C., 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.