

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

No. 2-45
7-39
X47074

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 25 1946
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30147
Registrar's No. 3884

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
(a) County Kansas City
(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 No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3
(d) Street No. 703 E. 12 St.
(If rural, give location) 11
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lee Baker
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 9
year 1946 hour 6 minute 25 P.

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 May 5 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Aug. 22, 1946 Sept. 9, 1946,
that I last saw him alive on Sept. 9, 1946,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
57 4 4 _____ hr. _____ min.

Immediate cause of death _____
Rheumatic heart disease, Chronic. Duration _____

9. Birthplace California (City, town, or county) (State or foreign country) 1
10. Usual occupation Construction Worker

Due to _____
Due to _____
Other conditions 95b
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____
12. Name Joseph Baker
13. Birthplace Illinois (City, town, or county) (State or foreign country) 1
14. Maiden name Katie Jocker
15. Birthplace Ohio (City, town, or county) (State or foreign country) 1

Major findings:
Of operations _____
Of autopsy See above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk
(b) Address K.C. General Hosp. #1
17. (a) Removal (b) Date thereof 9-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Topeka, Kansas
18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Missouri
19. (a) 9-13-46 (b) Beraldine Holman
(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 0
23. Signature W. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 9-10-46

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..... *Blaine E. Weller*

Licensed Embalmer No..... *4028*

P. O. Address..... *K.C. 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.