

FILED JUN 12 1948

Registration District No. 149

STANDARD CERTIFICATE OF DEATH

State File No. 16206

Primary Registration District No. 1002

Registrar's No. 2344

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

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: K.C. Gen. Hosp. No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 hrs
(Specify whether years, months or days)
 In this community 47 YEARS

3. (a) PRINT FULL NAME IRRA Willis Baker

3. (b) If veteran, name war No 3. (c) Social Security No. 487-09-2791

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. RUBY BAKER 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased JANUARY 3 1901
(Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 30 If less than one day hr. min.

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

10. Usual occupation TRUCK DRIVER

11. Industry or business

12. Name WILLIAM BAKER

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

14. Maiden name IRRA RENFROW

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

16. (a) Informant MRS. RUBY BAKER

(b) Address 4909 CHESTNUT AVENUE

17. (a) BURIAL (b) Date thereof JUNE 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director D.H. Newnam's Sons
 (b) Address 1401 BRUSH CREEK BLDG.

19. (a) 6-4-48 Stalldine Holmes
(Date received local registrar) (Registrar's signature)

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. 4909 Chestnut
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
 year 1948 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from 6-2-48 to 6-2-48
 that I last saw him alive on 6-2-48
 and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid cerebral hemorrhage

Due to _____

Due to _____

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings: 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

23. Signature Wm W. Hart (M. D. or other) MD
 Med. Dir. K.C. Gen. Hosp. K. Mo. 6-3-48
 Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 John E. Praking
Licensed Embalmer No. 4483
P. O. Address Kansas City, 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.