

FILED JUL 19 1948

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2267

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Menorah Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6/30/48 - 7/2/48
 (Specify whether
 In this community 45 years.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL") 8
 (d) Street No. 438 E. 73rd St.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME

Mr. Edward J. Baker.

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Goldie 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased January 2, 1900
 (Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business XX

12. Name Isaac Baker

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

14. Maiden name Dora Miller

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

16. (a) Informant Mrs. Goldie Baker

(b) Address 438 E. 73rd. St.

17. (a) Burial (b) Date thereof 7-4-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland Ave, K. C. Mo.

19. (a) 7-5-48 (b) Thereldine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
 year 48 hour 11 minute 05 AM.

21. I hereby certify that I attended the deceased from July 1, 1948 19. to July 2, 1948
 that I last saw him alive on July 2, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cornary thrombosis

Due to Cornary disease Arterio-sclerosis Hypertension
 Duration About 3 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 940

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature A. Sappari (M. D. or other)
 Address 1405 Bryant Bldg Date signed July 2/48

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

MOTHER FATHER

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.....

A L Louis

Licensed Embalmer No.....

3110

P. O. Address.....

H C Me.

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.