

FILED NOV 6 1948  
Registration District No. **199**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Hannas City**  
(c) Name of hospital or institution:  
**2904 Bales Ave**  
(d) Length of stay: In hospital or institution **30 years**  
In this community **30 years**

3. (a) PRINT FULL NAME **Mrs. Loy Belle Baker**  
(b) If veteran, name war **M.O.**  
(c) Social Security No. **None**

4. Sex **F** 5. Color or race **W**  
6. (a) ~~Single~~ **Widowed**  
6. (b) Name of husband or wife **Mr. Andrew D. Baker**  
6. (c) Age of husband or wife if alive **—** years  
7. Birth date of deceased **August 20 1890**

8. AGE: Years **58** Months **1** Days **25**  
If less than one day hr. min.

9. Birthplace **Howard County Mo.**

10. Usual occupation **House keeper**

11. Industry or business **At Home**

MOTHER FATHER

12. Name **T. H. M. Crary**  
13. Birthplace **Howard County Mo.**  
14. Maiden name **M. Annie M. Colvin**  
15. Birthplace **Howard County Mo.**

16. (a) Informant **Mrs. Audrey M. Aenshem**

(b) Address **2904 Bales Ave**

17. (a) **Obit** (b) Date thereof **Oct 18 1948**

(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **D. W. Newberry's Sons**

(b) Address **1401 Brush Creek**

19. (a) **10-18-48** (b) **S. Geraldine Holmes**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Hannas City**  
(d) Street No. **2904 Bales**  
(e) Citizen of foreign country? **M.O.**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October**, day **15<sup>th</sup>**, year **1948**, hour **9**, minute **0**, P.M.  
21. I hereby certify that I attended the deceased from **October 9<sup>th</sup>** to **October 15, 1948**  
that I last saw her **ER** alive on **October 15, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hodgkins Lymphoblastoma**  
Duration **1 yr**

Due to **44 hr**

Other conditions **Intestinal Obstruction** **4 days**

Major findings: **Biopsy of Node**  
Of operations **Pathological Diagnosis**  
Of autopsy **None**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No**

(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 **Raymond W. O'Brien** (Specify type of place) (e) Means of injury **O'Brien**

23. Signature **Raymond W. O'Brien** (M. D. or other)

Address **2311 W. 47<sup>th</sup> St. K.C., Mo.** Date signed **10.17.48**

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**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 *Robert Ray*.....

Licensed Embalmer No. *4182*.....

P. O. Address... *Kanso no 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.**