

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8741

BIRTH NO.		REG. DIST. NO. 150	PRIMARY REG. DIST. NO. 4239	Registrar's No. 35
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEE'S SUMMIT		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEE'S SUMMIT		
d. FULL NAME OF HOSPITAL OR INSTITUTION 510 WEST 3RD ST.		d. STREET ADDRESS (If rural, give location) 510 WEST 3RD STREET		
3. NAME OF DECEASED (Type or Print) FLORENCE CATHERINE EHINGER		a. (First) b. (Middle) BAKER		4. DATE OF DEATH (Month) 2 (Day) 25 (Year) 1949
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT-15-1870	9. AGE (In years last birthday) 70 YRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) FORT WAYNE, INDIANA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME ROBERT EHINGER		13b. MOTHER'S MAIDEN NAME MARY CRAMER		14. NAME OF HUSBAND OR WIFE WILLIAM L. BAKER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. HAZEL BAKER GRANT LEE'S SUMMIT MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ca of right breast with metastasis to lungs and brain</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>and brain</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>1904</i> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 yrs
18a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from 1-20, 1948, to 2-25, 1949, that I last saw the deceased alive on 2-25, 1949, and that death occurred at 11:15 P.M., from the causes and on the date stated above.				
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <i>Lee's Summit Mo</i>		23c. DATE SIGNED 2-26-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB 28-1949	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 2-26-49	REGISTRAR'S SIGNATURE <i>Ronald C. Eameshaw</i> 378	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>O.N. Newcomer's Sons</i> 1401-BAYVIEW BLVD KANSAS CITY MISSOURI		

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed: _____

Robert Ray

Signed.....

Student Embalmer:

Licensed Embalmer No. _____

4152

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.