

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42167**
5576

JAN 5 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| a. COUNTY Jackson | b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | a. STATE Missouri | b. COUNTY Jackson |
| c. LENGTH OF STAY (in this place) 2 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital | | d. STREET ADDRESS (If rural, give location) 112 W. 11th St. | |

3118

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| 3. NAME OF DECEASED (Type or Print) WALTER FRANKLIN BAKER | | | 4. DATE OF DEATH (Month) (Day) (Year) 12-18-52 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH 1-9-1910 | 9. AGE (In years last birthday) 42 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 10 HRS.: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver | | 10b. KIND OF BUSINESS OR INDUSTRY Collins Transfer | | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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| 13a. FATHER'S NAME James W. Baker | 13b. MOTHER'S MAIDEN NAME Elizabeth Taylor | 14. NAME OF HUSBAND OR WIFE none |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 515-09-4269 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Baker | ADDRESS K.C. Kansas |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 9 1/2 hr |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke + pneumonia resulting from | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) <i>met/16 Stab wounds of chest & abdomen</i> Due to (c) <i>carcinosis of lungs</i> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Home | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 112th Street | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-18-52 m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Re-evoked results in fight |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE Geo. C. Kealhofer (Degree or title) MD | 23b. ADDRESS 4050 Broadway, Kansas | 23c. DATE SIGNED 12-19-52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 12-18-1952 | 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City Kansas |
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| DATE REC'D BY LOCAL REG. 12-20-52 | REGISTRAR'S SIGNATURE Heraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE W. Ross Stanford | ADDRESS FLORAL HILLS CHAPEL K.C. Kansas |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

W. J.
1000 ...
4155 ...
W. J. 2432

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.

Student

Student Embalmer

Signed

William E. Freese

Licensed Embalmer No. 4733

P. O. Address Independence 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.