AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24236
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 2741
(c) City Kansas City — (d) Street No. 3930 Brooklyn. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John F. BAKER. 960
(a) Residence, No. 3930 Brooklyn. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary T. Baker.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1870
7. AGE: Years 68 — Months 3 — Days 18 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Railroad Man
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 5'

FATHER
13. NAME John J. Baker 5'
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5'

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Mary T. Baker, widow, 3930 Brooklyn, K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 7/8/38, 19
19. FUNERAL DIRECTOR (ADDRESS) Mellody-McGilley. K. C. Mo.
20. FILED July 8, 1938 M. M. Crowe, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6-38

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 to ..., 19 ...
I last saw ... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 4:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic vascular nephritis	
Hypertrophy of heart	
Pulmonary congestion & edema	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Victor H. Bibbo, M. D.
(Address) Sun Hosp., K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

J F Baker.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

BOM-... 6-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)