

RECD FEB 20 1939

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

1059  
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399  
(b) Township RAVY Primary Registration District No. 1002 Registered No. 172  
(c) City KANSAS CITY (d) Street No. ST. LUKE'S HOSPITAL 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 yrs. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MR. ROBERT B. BAKER

(a) Residence, No. \_\_\_\_\_ St.  LOGOOTE, INDIANA  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city of 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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-19-1889  
7. AGE YEARS 49 MONTHS 8 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MECHANIC  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 7-36 11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) ALFORDSVILLE (STATE OR COUNTRY) INDIANA

13. NAME WILLIAM DAILEY BAKER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

15. MAIDEN NAME MELVINA ALFORD

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT MRS. MARGARET WALKER (ADDRESS) THE WALNUTS

18. BURIAL, CREMATION, OR REMOVAL PLACE LOGOOTE, IND. DATE JANUARY 8 1939

19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS (ADDRESS) 1401 BRUSH CREEK BLVD.

20. FILED Jan 8 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 7 1939

22. I HEREBY CERTIFY, That I attended deceased from 9:10-?-38, 1938, to 1-7, 1939  
I last saw him alive on 1-7, 1938 Death is said to have occurred on the date stated above, at 8:42 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 1-7-39  
8:42 P.M.

Other contributory causes of importance malignant hypertension?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? BP 210/160 Was there an autopsy? no

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? 1  
If so, specify \_\_\_\_\_  
(Signed) James O. McKeown, M. D.  
(Address) 1400 Brush Creek

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

**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 *C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address *Kansas City*

**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, above space should be left blank.**