

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

14359
Do not use this space.

1. PLACE OF DEATH *Bechanon* Registration District No. *85*
 (a) County *Bechanon* (b) Township *St. Joseph Mo 3* Primary Registration District No. *1009* Registered No. *450*
 (c) City *St. Joseph Mo 3* (d) Street No. *St. Hospital #2* (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Alice Maud Baker*
 (a) Residence, No. *116 E 8th St Kansas City Mo 1* *Kansas City, Mo*
 (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 *F* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Divorced*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *(Unknown)*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
Est. 57 ? ?
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Barber*
 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) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Atchison Kansas*
 FATHER 13. NAME *Antmason*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Antmason*
 MOTHER 15. MAIDEN NAME *Antmason*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Antmason*
 17. INFORMANT (ADDRESS) *State Hospital Records St. Joseph Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Kansas City Mo* DATE *April 20, 1940*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Wornton Funeral Home 110 Kansas City Mo*
 20. FILED *April 14, 1940* *A. J. Bredelbach* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-18-1940*
 22. I HEREBY CERTIFY, That I attended deceased from *Apr 9 1940* to *Apr 18 1940*
 I last saw him alive on *Apr 18 1940* Death is said to have occurred on the date stated above, at *8:30 p.m.*
 The principal cause of death and related causes of importance were as follows:
 Date of onset
Left Cerebral Thrombosis Dec. 1939
Broncho Pneumonia Apr. 12-40
 Other contributory causes of importance: *82 B*
 Name of operation *None* Date of
 What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *No* 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) *A. H. Bantner* M. D.
 (Address) *State Hospital #2 St. Joseph, Mo*

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.

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 *Shirley J. Pearson*

Licensed Embalmer No. *3605*

P. O. Address *832 Armon Rd*

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.