

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1594

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
(Specify whether  
 In this community no record  
years, months or days)

3. (a) PRINT FULL NAME Roy C. Baker  
 3. (b) If veteran, name war No Record  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced No Record

6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased No Record  
(Month) (Day) (Year)

8. AGE: Years 58 Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min. 9

9. Birthplace No Record  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business \_\_\_\_\_

12. Name No Record

13. Birthplace No Record  
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address K.C. General Hospital

17. (a) Burial (b) Date thereof 4/23/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director Zwick & Zabin Co.

(b) Address K.C. Mo.

19. (a) Apr 23, 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1923 Main St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th  
 year 1941 hour 9 minute 23 P. M.

21. I hereby certify that I attended the deceased from 5-14-41 19\_\_\_\_ to 4-19-41 19\_\_\_\_  
 that I last saw him in alive on 4-19-41 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Carcinoma of lungs and pleura, liver and left adrenal and right hemo-hydrothorax

Due to Pulmonary seat of Ca. unknown

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. Roy C. Baker (M. D. or other) \_\_\_\_\_

Address Med. Dir. K.C. Gen. Hospital Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**