

S. No. 2
1-9-441
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18115

State File No.

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 126

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Independence San Co
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

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. 1025 Fuller
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME CHAUNCEY BAKER JR

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1942 hour 8:15 minute — A. M.

21. I hereby certify that I attended the deceased from 9:30 PM 10/1/42
5:30 AM 5/2/42, 19—, to —, 19—
that I last saw him alive on 7-2-42
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced —

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

7. Birth date of deceased May 1 1942
(Month) (Day) (Year)

Immediate cause of death Circulatory failure

Duration —

8. AGE: Years 0 Months 0 Days 0 If less than one day 12 hr. — min.

Due to Prematurity

Due to —

9. Birthplace Independence MO
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) —

Major findings: 159

10. Usual occupation —

11. Industry or business —

12. Name Chauncey Baker

13. Birthplace Wheatland MO
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann

15. Birthplace Marysville Ill
(City, town, or county) (State or foreign country)

Physician —

Underline the cause to which death should be charged statistically.

Of operations —

Of autopsy —

16. (a) Informant Chauncey Baker

(b) Address 1025 Fuller

17. (a) Burial (b) Date thereof 5/2/42
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem

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? —

18. (a) Signature of funeral director Geo. E. Carson

(b) Address Independence MO

19. (a) May 2 1942 (Date received by registrar)

J. J. McMillan (Registrar's signature)

While at work? — (Specify type of place)

Means of injury —

23. Signature Dr. Bruce (M. D. or other)

Address Dr. Bruce Date signed 5/2/42

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.....

Walter B. B. B.

Licensed Embalmer No. *2467*

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.