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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4367

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

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: Ellison Hotel, 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community 6 hours,
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois, (b) County Jackson, 11

(c) City or town LaSalle, 0
(If outside city or town limits, write "RURAL")

(d) Street No. x
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 2

If yes, name country x

3. (a) PRINT FULL NAME William Newton Baker,

3. (b) If veteran, name war no.

3. (c) Social Security No. 333-10-3166

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Elizabeth Hynds Baker,

6. (c) Age of husband or wife if alive x years

7. Birth date of deceased ~~November~~ May (Month) ~~25~~ 30 (Day) ~~1942~~ 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
64 ~~65~~	5	25	hr. min.

9. Birthplace Kentucky, (City, town, or county) 1 (State or foreign country)

10. Usual occupation Plumber,

11. Industry or business x

MOTHER FATHER

12. Name Thomas E. Baker,

13. Birthplace England, 4 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Guenther,

15. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth H. Baker,

(b) Address LaSalle, Illinois,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-25-42 (Month) (Day) (Year)

(c) Place: burial or cremation LaSalle, Illinois

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-25-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 year 1942 hour ~~12~~ minute 12 05 A.M.

21. I hereby certify that I attended the deceased from Nov. 24, 1942, to Nov. 25, 1942; that I last saw him alive on Nov. 25, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to arteriosclerosis

Due to 94a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature C. O. Donaldson (M. D. or other)

Address 430 Shukert Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

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: E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
2-21-40
X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4362

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Newton Baker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

5. Color or race

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 (Month) 30 (Day) 1877 (Year)

8. AGE: Years 65 Months 5 Days 25 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death — *Duration*

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of January, 1943, before me appears Mrs. Elizabeth H. Baker, who, upon her oath, states that the original record of ~~birth~~ death for William Newton Baker, ~~born~~ died Nov. 25, 1942, in the State of Missouri, and which was filed at Kansas City on Nov 25, 1942, should be corrected as follows:

Item No. 7 should read 5-30-1877
Instead of 5-30-1878

Item No. 8 should read 65-5-25
Instead of 64-5-25

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Elizabeth H. Baker
Relationship wife

157-9th St. LaSalle Illinois.
Present Address.

Subscribed and sworn to before me this 8th day of January, 1943.

My Commission expires 8-5-44 Jeanette Johnson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1-3-42
I X32339