

FILED JAN 21 1943

Registration District No. 199

Primary Registration District No. 1002

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:
120 East 34th Street, /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NO. (Specify whether
 In this community 25 years, (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. 120 East 34th Street,
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Mrs. Lena Baker,
 3. (b) If veteran, name war no. 3. (c) Social Security No. NO.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 4th
 year 1943 hour 11:05 minute A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Edward Baker, 6. (c) Age of husband or wife if alive dec. years
 7. Birth date of deceased March 12 1866
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1942
Jan 4 1943
 that I last saw her alive on Jan - 2 - 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 9 22 23 hr. min.

Immediate cause of death Coronary Artery Disease
 Due to Infected Gall Bladder +
Stomach
 Due to 126

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation at home,

PHYSICIAN
 Major findings: Of operations

MOTHER FATHER
 11. Industry or business 2
 12. Name John Kasten
 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown,
 15. Birthplace Unknown, 9
 (City, town, or county) (State or foreign country)

Of autopsy

16. (a) Informant Luis E. Baker,
 (b) Address 120 E. 34th St., K. C., Mo.
 17. (a) Burial (b) Date thereof 1-6-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ft. Leavenworth, Kansas

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 Stine & McClure,
 (b) Address 3235 Gillham Plaza, K. C., Mo.
 19. (a) 1-5-43 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury
 23. Signature H. P. Baughman (M. D. or other)
 Address K. C. Mo. Date signed 1/5/43

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

Dr. Boughnow

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.