S. No: 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

Registration District No. 199

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4982

Registrar's No. 844

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 918 Oak Street
Divine Brothers Clinic and Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3½ Months (Specify whether
In this community 3½ Months years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County Rice 14

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

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

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

If yes, name country ----- 2

3. (a) PRINT FULL NAME Mr. William Earnest Baker

3. (b) If veteran, name war No

3. (c) Social Security No. unable to find #.

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Mrs. Edna .. Baker

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February (Month) 9 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	0	8	hr. min.

9. Birthplace Clay Center (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Oil Man

11. Industry or business City Service Company

FATHER
12. Name Benjamin Baker
13. Birthplace Unknown (City, town, or county) Georgia (State or foreign country) 1

MOTHER
14. Maiden name Margaret Wilson
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country) 1

16. (a) Informant Mrs Edna Baker

(b) Address Chase, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Lyons, Kansas

18. (a) Signature of funeral director O. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2-18-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

361

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Nov 5th 1942 to Feb. 17 1943 that I last saw him alive on Feb. 17th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of Stomach

Due to Sarcoma Liver

46B

Due to

Other conditions Prostate & Bladder involvement 1½ yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cystolithemy

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

23. Signature G. M. Jaquiss (M. D. or other) 0

Address 918 Oak Kc, Mo. Date signed 2/18/43

(Licensed Embalmer's Statement on Reverse Side)

Irene Byron Hospital & Clinic
918 Park Street
8:30. 5:30

JUL 1 1943

APR 5 1943

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: Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K.C. 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.