

**FILED JUN 7 1943**  
Registration District No. 1002

Primary Registration District No. 1002

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:  
General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days) 6 Months

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2607 Victor  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leon Francis Baker  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 14  
year 1943 hour 12:50 minute A M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from May 13 1943 to May 14 1943; that I last saw him alive on May 14 1943; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pyelitis

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>6</u>	<u>7</u>	_____ hr. _____ min.

Due to \_\_\_\_\_  
133a

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

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

10. Usual occupation None

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

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

MOTHER FATHER {  
12. Name Francis Baker  
13. Birthplace Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Virginia Ruth Dickens  
15. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

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

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Francis Baker  
(b) Address 2607 Victor  
17. (a) Burial (b) Date thereof May 17, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Greenlawn Cemetery  
18. (a) Signature of funeral director D. J. Newcomer  
(b) Address 1401 Brush Creek Blvd  
19. (a) 5-15-43 (b) M. M. Brown  
(Data received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury 0  
23. Signature D. J. Newcomer (M. D. or other) \_\_\_\_\_  
Address Med. Dir. K.C. Gen'l Hosp Date signed 5/14/43

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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.**