

FILED JAN 3 1948
Registration District No. 749

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.)
Divine Clinic - 908 OAK ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 50 years
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. 5173 Swope Parkway
(If rural, give location)
(e) Citizen of foreign country? 54 YEARS IN U.S.A.
If yes, name country from Germany

3. (a) PRINT FULL NAME Mr. Gregory G. Baiers

3. (b) If veteran, name war No. 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Lucille W. Baiers 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December 20 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 22 If less than one day hr. min.

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

10. Usual occupation Contractor, GENERAL

11. Industry or business Building

12. Name UNKNOWN BAIERS

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Lucille W. Baiers

(b) Address 5173 Swope Parkway 16

17. (a) CREMATION (b) Date thereof DEC 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DR. NEWCOMER'S SONS

18. (a) Signature of funeral director Dr. Newcomer's sons

(b) Address 14013 Rush Creek Blvd.

19. (a) 12-14-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 12TH
year 1943 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from 12-9
1943, to 12-12 1943

that I last saw him alive on December 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic coma Duration

Due to Diabetes Mellitus

Due to 61

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (2) Means of injury

23. Signature T. E. Brown (M.D. or other) Do.

Address 918 Oak R.C. mo. Date signed 12-15-43

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

MOTHER FATHER

San Coombs
111. at Avenue Broo Chavis
918 Oak - 9 - (Front Block)

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 Ernie M. Colborn

Licensed Embalmer No. 3506

P. O. Address KC 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.