

S. No. 2
4-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40812
State File No. _____
Registrar's No. 5338

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACONSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: 3659 HARRISON STREET
(d) Length of stay: 11 YEARS
In this community 11 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 3659 HARRISON STREET
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME MISS MARY ELIZA BAKER
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 16 TH year 1943 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from DEC 9 1943 to DEC 16 1943
that I last saw her alive on DEC 15 1943
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (c) Age of husband or wife if alive years

Immediate cause of death: Chronic Myocarditis - (About 12 years)
Due to: Mitral Insufficiency
Other conditions: Old gl - 93c
(Include pregnancy within 3 months of death)

7. Birth date of deceased MAY 9 1854
8. AGE: Years 89 Months 7 Days 7

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace BREEZY POINT NEW YORK
10. Usual occupation at home

11. Industry or business _____
12. Name JOSEPH BAKER
13. Birthplace NEW YORK
14. Maiden name MARY WELLES
15. Birthplace NEW YORK

16. (a) Informant W. D. Hanson
(b) Address 3659 Harrison
17. (a) Removal (b) Date thereof 12-19-43
(c) Place: burial or cremation Rochester Mo
18. (a) Signature of funeral director O. N. Newcomer
(b) Address 1401 BRUSH GREEN BLDG.
19. (a) 12-17-43 (b) N. E. Brown

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. L. Jones (M. D. or other) DO
Address 3659 Date signed 12/16-43

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

3613

(Licensed Embalmer's Statement on Reverse Side)

NC

Verly Beery

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. Colbourn

Licensed Embalmer No. 3506

P. O. Address Ke no

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.