S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13560

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1802

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~4da~~ 2da. (Specify whether
In this community 3wks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48 3
(c) City or town K.C. 8
(If outside city or town limits, write "RURAL")
(d) Street No. 2740 Woodland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mattie Baker
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Fe
5. Color or race Col.
6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife Lt Lucian L Baker
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Oct. (Month) 6 (Day) 1929 (Year)

8. AGE: Years 19 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Ft Leavenworth Kans 1
(City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name Enos Swan
13. Birthplace Ga. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown unk.
15. Birthplace unknown unk. 9
(City, town, or county) (State or foreign country)
16. (a) Informant Edith Dutcher
(b) Address 2740 Woodland
Removal ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof 4-25-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Leavenworth, Kans.
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.
19. (a) 4-25-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1944 hour 7" minute 10 M.
21. I hereby certify that I attended the deceased from April 15, 1944 to April, 1944 that I last saw her alive on April 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrenous Pneumonia
Due to abscess of right lung
Due to
Other conditions 114c
(Include pregnancy within 3 months of death)
Major findings:
Of operations Lung abscess (non-tubercular)
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 L. V. Miller (M. D. or other)
Address 1203 Paseo Date signed 4/23/44

(Licensed Embalmer's Statement on Reverse Side)

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 A. T. Moore

Licensed Embalmer No. 948

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.