

FILED MAY 23 1944
Registration District No. 1799

Primary Registration District No. 1002

State File No. _____

Registrar's No. 2034

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:
3803 WASHINGTON STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 29 YEARS
years, months or days)

3. (a) PRINT FULL NAME MRS. EVA ELLEN BERRY BAKER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. WILLIAM P. BAKER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEBRUARY 19 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 19 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business _____

12. Name JAMES BERRY

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

14. Maiden name ELLEN HINSHAW

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

16. (a) Informant E. C. Baker

(b) Address 2555 Chelsea

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 9 1944
(Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-10-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

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. 3803 WASHINGTON STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 8TH
year 1944 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan
1944, to May 8 1944;

that I last saw her alive on May 8 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 120 hr.

Due to Arterio-sclerosis 10 yrs

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

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

23. Signature E. W. Dushner (M. D. or other)

Address 900 Bielle Bldg Date signed 5-8-44

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

MOTHER FATHER

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 *W. H. Heston*
Licensed Embalmer No. 1767
P. O. Address Kansas City

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.