

No. 2
-8-43
-17-39
X37023

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20466

FILED JUN 29 1944

State File No. _____

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2512

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: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether years, months or days) 3 days

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State OKLAHOMA (b) County OTTAWA

(c) City or town COMMERCE
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country A

3. (a) PRINT FULL NAME MRS. GLADYS Pearl BAKER

(b) If veteran, name war No

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14 TH
year 1944 hour _____ minute 10 A. M.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Homer

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased: Oct. 6 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 11, 1944, to June 14, 1944, and that I last saw her or alive on June 13, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy, with right hemiplegia.

Duration 2 weeks

8. AGE: Years 41 42 Months 8 Days 8. If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions 830'
(Include pregnancy within 5 months of death)

9. Birthplace: Center, Center (City, town, or county) Tex. (State or foreign country)

10. Usual occupation Hauf.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations none

Of autopsy none

11. Industry or business _____

12. Name Arthur B. Hanna

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

14. Maiden name Mola Hilliard

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

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? _____

16. (a) Informant Homer Baker

(b) Address 316 S. Walnut

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-14-44
(Month) (Day) (Year)

(c) Place: burial or cremation COMMERCE, OKLAHOMA

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

(b) Address 1401 BRUSH GREEN BLYD.

19. (a) 6-14-44 (Date received local registrar) (b) P. C. Brown (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Frank Deacon (M. D. or other) MA

Address 1620 Professional Bldg Date signed 6-14-44

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

MOTHER FATHER

1630 Professional
2-4

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. Colburn

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.