

FILED AUG 14 1944

State File No. \_\_\_\_\_  
Registrar's No. 3124

Registration District No. 177

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(a) County: Jackson

(b) City or town: Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 24 days  
(Specify whether years, months or days)

In this community: 10 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City, Mo. 3  
(If outside city or town limits, write "RURAL")

(d) Street No.: 6513 Roberts  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country:

3. (a) PRINT FULL NAME: Alvin Delmar Baker

3. (b) If veteran, name war: no

3. (c) Social Security No.: 487.03 3234

4. Sex: M 0

5. Color or race: W

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

6. (b) Name of husband or wife: Mabel Hessler Baker

6. (c) Age of husband or wife if alive: 28 years

7. Birth date of deceased: Sept. 1, 1914  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	29	10	27	hr. min.

9. Birthplace: Salina, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation:

11. Industry or business: Pratt & Whitney

MOTHER FATHER

12. Name: Orville Woodson Baker

13. Birthplace: Laredo, Mo. Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name: Verna Hunter Baker

15. Birthplace: Ellsworth, Kansas Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mabel Baker  
(b) Address: 6513 Roberts, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal)  
(b) Date thereof: July 31, 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington Cemetery

18. (a) Signature of funeral director: Sheil Funeral Home

(b) Address: K.C.Mo.

19. (a) 7-31-44 (Date received local registrar)  
(b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 28  
year: 1944 hour: 9 minute: 10 P. M.

21. I hereby certify that I attended the deceased from Pathologist to  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Empyema (Right)  
Bronchopneumonia (Bilateral)

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: as above

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: Ivaie Inwood (M. D. or other)  
Address: Pathologist Date signed: \_\_\_\_\_

SEP 1 1947

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**