V. S. No. 2
100M—2-43
Reg. 5-17-39
I X35677

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 23 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26731

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3273

48
3
8

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

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: 3114 Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 13 Months
years, months or days)

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. 3114 Harrison
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME Mrs Blanche Baker

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife J.O.Baker

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 11th 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	00	25	hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name James Crisp
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant J.O.Baker

(b) Address 3114 Harrison

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 7th 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Great Falls Montana

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood

19. (a) 8-7-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6th year 1944 hour 11 minute A M.

21. I hereby certify that I attended the deceased from June 20 1943, 19..., to Aug 6, 1944 that I last saw her alive on Aug 5, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the breast

Due to

Due to 50'

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 Dr H H Frances (M. D. or other)

Address 3541 Harrison Date signed Aug 7 44

361

(Licensed Embalmer's Statement on Reverse Side)

Dr H.H. Francis
3541 Harrison
We6812

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address 1800 Linwood Blvd

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.