

FILED DEC 22 1944 49

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jefferson**  
(b) City or town **K.C.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**6900 Endley Ave**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **22 yrs.**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**  
(c) City or town **K.C.** 48  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1616 White** 3  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Aida V. Baker**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **None**

4. Sex **fe**

5. Color or race **w**

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

6. (b) Name of husband or wife

**John Johnson**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased

**July 27, 1899**

8. AGE:

Years **45** Months **4** Days **10**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace

**Madison County Mo**

10. Usual occupation

**Housewife**

MOTHER FATHER 11. Industry or business

12. Name

**George Hedrick**

13. Birthplace

**Madison County Mo**

14. Maiden name

**Schubertine Selig**

15. Birthplace

**Madison County Mo**

16. (a) Informant

**John Baker**

(b) Address

**1616 White**

17. (a)

**Burial**

(b) Date thereof

**12-11-44**

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

**Int. Washington**

18. (a) Signature of funeral director

**W. J. Gemmel**

(b) Address

**K.C. Mo**

19. (a)

**12-9-44**

(b)

**D. E. Brown**

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **7**  
year **1944** hour **9** minute **30 P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him **at home** alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death

**Coronary sclerosis**

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

Due to **gla**

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations **Inspection & History**

Of autopsy **no**

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 **Crane**

23. Signature **Jimmie Blalock** (M. D. or other) \_\_\_\_\_

Address **1424 Poplar Alley** Date signed **12-8-44**

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

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.....

*Francis Walton*....., Registered Apprentice No. *2744*  
working under my personal supervision.

Signed.....

*J. A. Reppin*  
Licensed Embalmer No. *2744*

P. O. *Ames 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.**