

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 77

FILED JAN 26 1945

Registration District No. 149

Primary Registration District No. 1002

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:
6231 Morningside Drive,
(If not in hospital or institution, write street number or location)

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

In this community 20 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 ³
(If outside city or town limits, write "RURAL")

(d) Street No. 6231 Morningside Drive ⁸
(If rural, give location)

(e) Citizen of foreign country? No. ² (Yes or No)
If yes, name country X

3. (a) PRINT Mrs. Sarah C. Baker
FULL NAME.

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

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th
year 1945 hour 1:15 minute P. M.

4. Sex Female / 5. Color or race white

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

6. (b) Name of husband or wife Gilbert P. Baker

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

7. Birth date of deceased December 11th 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 9 1944 to Jan 6 1945
that I last saw her alive on Jan 6 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 0 Days 25 If less than one day _____
hr. min.

Immediate cause of death Coronary Failure ^{2 days}
Due to Coronary Heart Disease ^{3 mos}

9. Birthplace Canada ²
(City, town, or county) (State or foreign country)

10. Usual occupation at home.

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 94a

Of operations _____

Of autopsy _____

11. Industry or business 3

12. Name Alexander Graham

13. Birthplace Scotland ⁴
(City, town, or county) (State or foreign country)

14. Maiden name Janet McLellan

15. Birthplace Scotland ⁴
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Willard B. Weaver,

(b) Address 6231 Morningside Drive, K. C., Mo.

17. (a) Burial (b) Date thereof 1-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton, Kansas.

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? _____

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-8-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (City or town) (County) (State)

23. Signature C. L. Ellis (M. D. or other) _____
Address 1444 Prof. Bldg. K. C., Mo. Date signed 1/8/45

Dr. Gillis, Clifford

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 Robt H Reed

Licensed Embalmer No. 3745

P. O. Address 15. C. 176

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.