

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8441**
Registrar's No. **1166**

FILED MAR 29 1945
Registration District No. **197**

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
 In this community 60 Years

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. 1232 Penn
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Anna Fredericka Baeder
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 10
 year 1945 hour 10 minute 10 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife August Baeder
 6. (c) Age of husband or wife if alive - years
 7. Birth date of deceased March 20th 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 8, 1945 to March 10, 1945;
 that I last saw her alive on March 10, 1945;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Congestive heart failure
 Duration _____

8. AGE: Years 79 Months 11 Days 20 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Germany
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

MOTHER FATHER
 11. Industry or business _____
 12. Name Fleming
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name No Record
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy None
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Fred A. Baeder
 (b) Address 1220 East Armour
 17. (a) Burial (b) Date thereof 3-13-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill
 18. (a) Signature of funeral director Mrs. C.L. Forster
 (b) Address Kansas City, Missouri
 19. (a) 3-13-45 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

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 Clark W. Seelig, MD
(and D. or other)
 Address Med. Dir. Gen'l Hosp. Date signed 3-12-45

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 Theron C. Redmon
Licensed Embalmer No. 2737
P. O. Address H. C. 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.