

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

13582

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 35

FILED APR 24 1945

Registration District No. 150

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson Rural Precinct
(b) City or town Jackson County, Mo.
(c) Name of hospital or institution: Jackson County Home for Aged
(d) Length of stay: In hospital or institution 1 mo. 4 days
In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City, Mo.
(d) Street No. 805 East 14th St
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME J. B. Baker

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept - 12 1869

8. AGE: Years 25 Months 6 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Kansas City, Mo.

10. Usual occupation unknown

11. Industry or business unknown

12. Name _____
13. Birthplace _____
14. Maiden name _____
15. Birthplace _____

16. (a) Informant Leis Jackson County Home
(b) Address Rt. Independence, Mo.

17. (a) Burial (b) Date thereof 3-15-45

(c) Place: burial or cremation Leis Summit

18. (a) Signature of general director J. B. Anderson
(b) Address Leis Summit, Mo.

19. (a) Mar 14, 1945 (Date received local registrar) F. H. Schuch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 12, year 1945 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Jan 1 1945 to March 12 1945 that I last saw him alive on March 12 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 16

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? _____
(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 J. W. Seane (M. D. or other) _____
Address Independence, Mo. Date signed 1/3/45

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

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

MOTHER FATHER

1162

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 W. B. Langford
Licensed Embalmer No. 3233
P. O. Address Dees Summit 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.