

FILED JUL 23 1945  
189

Registration District No.

Primary Registration District No. 1002

18  
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, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital #2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-9-45 to 7-10-45  
(Specify whether Three Years)

In this community Three Years  
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. 1211 Woodland 8  
(If rural, give location)

(e) Citizen of foreign country? No 0  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM BAKER

3. (b) If veteran, name war no

3. (c) Social Security No. 496-16-4299

4. Sex Male 2 5. Color or race Negro

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

6. (b) Name of husband or wife Corrine Baker

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased 6 14 1921  
(Month) (Day) (Year)

8. AGE: Years 24 Months 0 Days 28 26 hr. min.

9. Birthplace Mt. Leonard Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jasper Baker

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

14. Maiden name Bessie Stephenson

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

16. (a) Informant Records Clerk

(b) Address Gen. Hosp. #2

17. (a) Burial (b) Date thereof 7-13-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall Mo

18. (a) Signature of funeral director E. Stephenson

(b) Address 1212 Pine St. K.C. Mo.

19. (a) 7-12-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1945 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from July 9,  
1945 to July 10, 1945  
that I last saw him alive on July 10, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Acidosis

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 61

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. P. Turner (M.D. or other) \_\_\_\_\_  
Address Gen. Hosp #2 Date signed 2/11/45

**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

*E. Sterling Bell*

Licensed Embalmer No.

*23178*

P. O. Address

*1212 Olive K.C.*

**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.**