

Registration District No. **JUN 25 1946**

Primary Registration District No. **1002**

**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:  
**1011 Euclid Avenue**  
(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 **53 Years**

**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. **1011 Euclid Avenue** **8**  
(If rural, give location)

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

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

**3. (a) PRINT FULL NAME** **Florence A. Baker**

3. (b) If veteran, name war **No**

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

4. Sex **Female**

5. Color or race **Negro**

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

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

7. Birth date of deceased **February 27, 1893**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **7**  
year **1946** hour **5** minute **30 P.M.**

**21. I hereby certify that I attended the deceased from**  
**November 15, 1945** to **June 7, 1946**  
that I last saw her alive on **June 7, 1946**  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>53</b>	<b>3</b>	<b>10</b>	hr. _____ min. _____

Immediate cause of death **Hypertensive type heart disease**

Due to **chronic nephritis** **2 yrs.**

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

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

9. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **School Teacher**

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

Major findings: **1318**

1. Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

**MOTHER FATHER**

12. Name **Edward S. Baker**

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

14. Maiden name **Ada Bell Gatewood**

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

**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? \_\_\_\_\_

16. (a) Informant **Gertrude E. Davis**

(b) Address **678 St. Nicholas New York**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6/11/46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

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

(c) Means of injury **0**

23. Signature **[Signature]** (M. D. or other) **M.D.**

Address **2134 Olive St.** Date signed **6-10-46**

18. (a) Signature of funeral director **[Signature]**

(b) Address **1729 Lydia Avenue**

19. (a) **6-11-46** (Date received local registrar)

(b) **[Signature]** (Registrar's signature)

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

19015

*Dr. Hobbs*

JUL 10 1946

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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.....

*Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.