

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13347**
 Registrar's No. **1913**

FILED MAY 12 1947

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: **Research Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **since 4-23-47**
 In this community **life** (Specify whether years, months or days)

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. **5717 Paseo**
 (If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Anna M. Baker**

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

4. Sex **female** / 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **John F. Baker**
 6. (c) Age of husband or wife if alive **dec.** years
 7. Birth date of deceased **December 1 1875**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 4 27 hr. min.

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

10. Usual occupation **at home,**

11. Industry or business **X**

MOTHER FATHER
 12. Name **John C. Bescher**
 13. Birthplace **Austria**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Barbara Drexel**
 15. Birthplace **Austria**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bescher**

(b) Address **5717 Paseo, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **4-28-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

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

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

19. (a) **4-29-47** (b) **Geraldine Holmes**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **28**
 year **1947** hour **1:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 25 1947** to **April 28 1947**
 that I last saw her alive on **April 28 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
 Due to **unknown**
 Due to
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations **940**
 Of autopsy

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) (c) Means of injury
 23. Signature **Harold J. Pallett** (M. D. or other) **MD**
 Address **1132 Oak Ridge, Kansas** Date signed **4/29/47**

Prof Bedy

Dr. H. A. Pallett

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 *J. Blair Shepard*
..... Licensed Embalmer No. *4179*
P. O. Address *N. 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.