

S. No. 2  
M-5-43  
v. 5-17-39  
b I X36671

**FILED JUN 17 1947**

Registration District No. **199**

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:  
512 Woodland Cons. Home 4  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 2 weeks  
(Specify whether years, months or days)  
 In this community 60 yrs

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town KansaseCity  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1320 Benton  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Matie B. Baker  
 3. (b) If veteran, name war no 3. (c) Social Security No. none

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 6 day 2  
 year 1947 hour 10<sup>20</sup> minute a M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W  
 6. (a) Single, widowed, married, divorced Widow 2  
 6. (b) Name of husband or wife Hugh Ross Baker  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 26 1884  
(Month) (Day) (Year)

Immediate cause of death Coronary insufficiency  
arterio sclerosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>11</u>	<u>26</u>	hr. _____ min.

Other conditions ASC.  
(Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy not  
History + symptoms

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation At Home  
 11. Industry or business \_\_\_\_\_  
 12. Name Edgar W. Smith  
 13. Birthplace N.Y.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Alta E. Kronk  
 15. Birthplace N.Y.  
(City, town, or county) (State or foreign country)

16. (a) Informant Calr # C. Smith  
 (b) Address 2459 Brighton  
 17. (a) Burial (Burial, cremation, or removal) Elmwood Cem.  
 (b) Date thereof June 5 1947  
(Month) (Day) (Year)  
 (c) Place: burial or cremation \_\_\_\_\_

**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 Jessie M. Baker (M. D. brother) \_\_\_\_\_  
 Address 1424 W. 11th Date signed 6-2-47

18. (a) Signature of funeral director Mrs C.L. Forster  
 (b) Address 918 Brooklyn  
 19. (a) 6-4-47 (Date received local registrar)  
 (b) Thereldine Holmes (Registrar's signature)

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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..... *Dean Owens* .....

Licensed Embalmer No. *4280* .....

P. O. Address..... *918 B Brooklyn  
X.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.**