S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8564

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1251

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 Day's (Specify whether
In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 6741 Grand
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs Jessie Baker

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife No

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

7. Birth date of deceased May (Month) 26 (Day) 1879 (Year)

8. AGE: Years 68- Months 9 Days ~~23~~ 22 If less than one day hr. min.

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

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name Eli C. Baker
13. Birthplace Ind. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Long
15. Birthplace No. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Daisy Baker (Sister)
(b) Address 5721 Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington, Cem.

18. (a) Signature of funeral director Stine & McClure
(b) Address Kansas City, Mo.

19. (a) 3-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 3 day 18
year 48 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from November 20, 1942, to March 18, 1948
that I last saw her alive on March 18, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute myocardial infarction	2 days
Due to Coronary Artery Sclerosis and Occlusion	2 years 2 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	—

Major findings:
Of operations —
Of autopsy as above

94a

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Graham Asher (M. D. or other) M.D.
Address 1220 Professional Bldg Date signed 3-18-48

(Licensed Embalmer's Statement on Reverse Side) Rosselle 6 Mo

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 Charles Stickney, Registered Apprentice No. 64, working under my personal supervision.

Signed Robert H. Reed

Licensed Embalmer No. 3745

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.