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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

26696

State File No.

FILED AUG 31 1948

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 228

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 21 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. 508 S. Ash 8
(If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. HELEN BERNICE BAKER
3. (b) If veteran, name war none
3. (c) Social Security No.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Chas. E. Baker
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased Nov. 18, 1926 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	21	8	16	hr. min.

9. Birthplace Kansas City, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name George Brady
13. Birthplace Piedmont, Okla. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nellie Kight
15. Birthplace Ottumwa, Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Chas. E. Baker
(b) Address 508 S. Ash, Kansas City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington KC. Mo.
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) 8-5-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4
year 1948 hour 3:10 minute P M.
21. I hereby certify that I attended the deceased from June 1948, to Aug 4 1948;
that I last saw her alive on Aug 4 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	4 months
Due to Chronic glomerulon nephritis	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Ch. glomerulon nephritis Pericarditis, chronic.	

PHYSICIAN
Underline the cause of 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 Fred W. Sink (M. D. or other)
Address Kansas City Mo. Date signed 8-4-48
3 mt. Station.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 R. A. Lisle

Licensed Embalmer No. 4423

P. O. Address Independence, 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.