

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4749**  
**692**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City,</b>		c. LENGTH OF STAY (in this place) <b>16yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City,</b>		<b>3668</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 4352 Rockhill Rd.</b>				d. STREET ADDRESS (If rural, give location) <b>4352 Rockhill Rd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) <b>Moses</b>		c. (Last) <b>Baker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 13, 50</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 3, 1892</b>	
9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR Months <b>-</b> Days <b>-</b>		IF UNDER 24 HRS. Hours <b>-</b> Min. <b>-</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.C.S.R.</b>		11. BIRTHPLACE (State or foreign country) <b>Lebanon, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John L. Baker</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Turentine</b>		14. NAME OF HUSBAND OR WIFE <b>Lelia Baker</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>702-12-1147</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lelia Baker</b>		ADDRESS <b>4352 Rockhill Road</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bullet Wound Head</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>F976</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) <b>suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson MO</b>			
21d. TIME OF INJURY <b>2-13-50 6:00 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Self-inflicted</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)				23b. ADDRESS <b>1034 Peaktro Blvd</b>		23c. DATE SIGNED <b>2-15-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-15-50</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Texarkana, Texas</b>	
DATE REC'D BY LOCAL REG. <b>2-15-50</b>		REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>France-Wornall Funeral Home</b>			

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

MAR 21 1951

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Russell N. France*

Licensed Embalmer No. 4255

P. O. Address K. 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.