

Baker, Lena Stewart 1924 - 1944

The Irvine Times - November 3, 1944

MRS. LENA BAKER DIES

Mrs. Lena Stewart Baker died October 18, at the home of her parents, Mr. and Mrs. Everett Stewart, at Fitchburg. She had been ill for more than a year. She was a member of the Christian Church.

Funeral and burial services were held at Fitchburg on Friday, Oct. 19.

The husband of the deceased, Dennie Baker, of the U. S. Navy, is overseas.

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 27
Registrar's No. 219,76 taken out, Estill

Registration District No. 445 Primary Registration District No. 121

1. PLACE OF DEATH: Estill
(a) County Estill
(b) City or town Rural
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Estill
(c) City or town Rural
(d) Street No. _____ (If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ year

3(a) FULL NAME Lena Baker
3(b) If veteran, _____ 3(c) Social Security No. _____

4. Sex F 5. Color or race W
6. Name of husband Dennie F Baker
7. Birth date of deceased Nov 30 11th 1924
8. AGE: 19 Months Days _____ If less than one day _____ min.

9. Birthplace Estill County
10. Usual occupation Housewife
11. Industry or business _____

12. Name Everett Stewart
13. Birthplace Estill County
14. Maiden name Bessie Chaney
15. Birthplace Estill County

16(a) Informant's full signature Everett Stewart
(b) Address Fitchburg - Ky
17. BURIAL, CREMATION, OR REMOVAL
Place Estill County Date 10/20/44

18(a) Signature of funeral director D. De Jesus
(b) Address Irvine - Ky
19(a) Oct 25 1944 (b) [Signature]

20. DATE OF DEATH Oct 18 - 1944
21. I hereby certify that I attended the deceased from Oct 19 - 1944 that I last saw _____ alive on _____ and that death occurred on the date stated above at 4:00 P.M.
Immediate cause of death subarachnoid hemorrhage of the lungs DURATION _____
Due to _____
Other conditions: (Include pregnancy within 3 months of death) _____

Major findings: 13B
Of operations _____
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? 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 E. E. Edwards, M.D.
(M. D. or other)
Address Irvine Ky Date signed Oct 21 - 44

R. S. - WRITE PLAINLY WITH INK - THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.