

1939 JUN 8

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

17834  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2236  
 (c) City Hannover City (d) Street No. St. Joseph Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? 2 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3304 Wabash St.  Chicago ~~Ill~~ Denver ~~Col~~  
 (Usual place of abode, if no street address, write county or city) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

|   |  |  |
|---|--|--|
| SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>L</u>                  |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 15, 1930</u>                              |  |  |
| 7. AGE  | YEARS<br><u>8</u>  | MONTHS<br><u>6</u>   |
|   | DAYS<br><u>14</u>  | If LESS than 1 day, ..... hrs. or ..... min.                               |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. |  |
|   | 9. Industry or business in which work was done, as saw mill, bank, etc.            |  |
|   | 10. Date deceased last worked at this occupation (month and year)                  |  |
|   | 11. Total time (years) spent in this occupation                                    |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Oak Park Ill</u>                   |  |  |
| FATHER  | 13. NAME <u>H. Palmer Bakke</u>  |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Ill. Ill.</u>               |  |
| MOTHER  | 15. MAIDEN NAME <u>Katherine Birkenbauer</u>                                       |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Kansas City Mo</u>          |  |
| 17. INFORMANT (ADDRESS)<br><u>Mrs. Nellie Birkenbauer 3304 Wabash</u>                     |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Forest Hill</u> DATE <u>May 31, 1939</u>    |  |  |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS)<br><u>Wheeler's Sons 3134 Olive St. Kansas City</u> |  |  |
| 20. FILED <u>May 31, 1939 M. M. Grome</u><br>Local Registrar.                             |  |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1939 to May 29, 1939

I last saw him alive on May 28, 1939. Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Prima right lower (Kalevala's Dep.) Thrombosis Pulmonary embolism

Date of onset May 10, 1939

Other contributory causes of importance: 110

Name of operation Throctomy Date of May 26-29

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify E. Wheeler Fisher M. D.  
 (Signed) E. Wheeler Fisher  
 (Address) 1324 Central Blvd.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

I X 16603

*Prof Reddy . 01-2200*  
*1<sup>st</sup> - 10<sup>th</sup> floor*  
*cityplace*

**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..... *Nell Carr*  
Licensed Embalmer No..... *3976*

P. O. Address.....

**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, above space should be left blank.**