

No. 2
11-10-39
-17-39
K 21492

FILED JAN 8 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41347

Registration District No. 399

Primary Registration District No. 1007

Registrar's No. 4740

1. PLACE OF DEATH:
(a) County. Jackson
(b) City or town. Kansas City
(c) Name of hospital or institution: General Hospital
(d) Length of stay: In hospital or institution 1 Day
In this community 20 Yrs.

3. (a) PRINT FULL NAME. WALTER BIRK
3. (b) If veteran, No
3. (c) Social Security No. 495-09-9220

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced. D iv.
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased February 25, 1976

8. AGE: Years 64 Months 9 Days 16
If less than one day hr. min.

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

10. Usual occupation Cement Finisher

11. Industry or business

12. Name Henry Birk

13. Birthplace U. S.
(City, town, or county) (State or foreign country)

14. Maiden name Unk. Hutton
(City, town, or county) (State or foreign country)

15. Birthplace U. S.
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Birk
(b) Address Humansville, Mo.

17. (a) Burial (b) Date thereof 12-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem.

18. (a) Signature of funeral director J. F. O'Donnell
(b) Address City

19. (a) 12/13/40 (b) M. M. Grome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1302 Washington
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 11-40
year hour minute 200 P M.

21. I hereby certify that I attended the deceased from 2:00 P
that death occurred on 19... to 19...
and that death occurred on the date and hour stated above.
Immediate cause of death.

Laceration of the brain & cerebral
hemorrhage
Fracture of the skull
Injury by fall from truck

Major findings:
Of operations 210 J
Of autopsy Yes 28

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 12-10-40
(c) Where did injury occur North K. C. Mo.
(d) Did injury occur in or about home, on farm, in industrial place, or in public place?
Fall from rear of moving truck
While at work? (Specify type of place) (Specify means of injury)
23. Signature M. M. Grome (M. D. or other)
Address K. C. Mo. Date signed

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

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 Park H. Rowe

Licensed Embalmer No. 2347

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, above space should be left blank.