

FILED DEC 22 1943

Registration District No. 362

Primary Registration District No. 4531

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Warrenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Selmer O. Bakke

3. (b) If veteran, name war. World War #1 3. (c) Social Security No. 498-03-6676

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife Eva Bakke 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased May 23 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Wentworth So. Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Binkley Mfg. Co.

12. Name Gustave Bakke

13. Birthplace Red Wing Minnesota
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Paulson

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

16. (a) Informant Mrs. Eva Bakke
(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 12-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director J.W. Heber, & Co.
(b) Address Warrenton, Mo.

19. (a) Dec. 18, 1943 (b) John A. Behrman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
(c) City or town Warrenton
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1943 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 8 1943 to Dec 12 1943
that I last saw him alive on Dec. 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration

Due to Disease of Coronaries Unknown

Due to

Other conditions Influenza 3 days
(Include pregnancy within 3 months of death)

Major findings: Of operations 9/40 PHYSICIAN

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?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Alford N. Gardner (M. D. or other) Do.
Address Warrenton, Mo. Date signed 12/17/43

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

MOTHER FATHER

1264

JAN 7 1944

SEP 18 1944

DEC 22 1944

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.....

John F. Hebing

Licensed Embalmer No. *3897*

P. O. Address *Warrenton, 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.