

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44228

STATE FILE NUMBER

5982

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>Hyde Park N.H.</b>		Length of stay in 1b <b>83 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>3323 Charlotte</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>EMMA</b> Middle <b>E.</b> Last <b>BAEHR</b>			4. DATE OF DEATH Month <b>12</b> Day <b>17</b> Year <b>57</b>
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-10-1864</b>
9. AGE (In years last birthday) <b>93</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Leavenworth, Kansas</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Joseph Baehr</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Kohlbracker</b>	14. NAME OF HUSBAND OR WIFE <b>XX</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. F.C. Thompson, 3428 Campbell</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HYPOSTATIC BRONCHO-PNEUMONIA</b>			INTERVAL BETWEEN ONSET AND DEATH <b>48 HRS.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>MYOCARDIAL FIBROSIS</b>			<b>20 YRS.</b>
DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS</b>			<b>30 YRS.</b>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>FRACTURES OF HEAD OF LEFT HUMERUS &amp; LEFT CLAVICLE</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT - SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>FALL DOWN BASEMENT STAIRS</b>	
20c. TIME OF INJURY Hour <b>12</b> Month, Day, Year <b>8/57</b> p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <b>SISTER'S HOME</b>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>SISTER'S HOME</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>KANSAS CITY JACKSON Mo.</b>	
21. I attended the deceased from <b>JANUARY 1957</b> to <b>Dec. 17, 1957</b> and last saw her alive on <b>DECEMBER 19, 1957</b> Death occurred at <b>7:50 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Ruth A. Hardacre M.D.</b>		22b. ADDRESS <b>3300 Charlotte - K.C., Mo.</b>	
22c. DATE SIGNED <b>12/18/57</b>		22d. SIGNATURE <b>Neva Minshall</b>	
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-19-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Wagner Funeral Home K.C. Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-18-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE Ruth A. Hardacre

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VA 1-1079  
1-2910

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 .....

Signature of Student Embalmer

Signed *Thomas A. Fackler*

Licensed Embalmer No. *4995*

P. O. Address *K.P. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.