

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.

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

Do not use this space.

JAN 17 1938

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1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City

Registration District No. 399
 Primary Registration District No. 100Z
 (No. 5228 East 8th. st.)

File No. _____
 Registered No. 5224
 St. _____ Ward _____

2. FULL NAME Mrs. Elizabeth Bauer

(a) Residence, No. 5228 East 8 th. st. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank I. Bauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	78	8	14	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26

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) Canada 5

MOTHER 13. NAME Fredrick Hohenstein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

17. INFORMANT Mrs. Edith K. Glenn
(ADDRESS) 5228 East 8th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE Dec. 28 1937

19. UNDERTAKER D. W. Newcomers Sons
(ADDRESS) 1401 Brushcreek Blvd.

20. FILED 12-27-37 M. J. Newcomer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-37 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
 I last saw h. Deputy Coroner 8:15 AM 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Hypertension Myocardium
Phlebotomy embolism
930

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis Culture Was there an autopsy? _____

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 _____
 (Signed) Deputy Coroner, M. D.

(Address) Newcomer

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