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.

DEC'D JUL 14 1938

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

21699
Do not use this space.

1. PLACE OF DEATH
(a) County Crawford
(b) Township Cortois
(c) City
(d) Street No. ..... 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? yrs. mos. ds.

Registration District No. 232
Primary Registration District No. 3516
Registered No.

2. PRINT FULL NAME William M. Bause 200
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Bause
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1869
7. AGE YEARS 68 MONTHS 10 DAYS 12 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. Farmer
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) Crawford Co. Mo

FATHER
13. NAME John Bause
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford, Co. Mo

MOTHER
15. MAIDEN NAME Emaline Summers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Co. Mo

17. INFORMANT (ADDRESS) James Bause Butts Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 6-2 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. J. Jonas Steelville Mo
20. FILED June 20, 1938 J. E. Sanders Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/1 — 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1938, to June 1, 1938
I last saw him alive on May 9, 1938. Death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

Traumatism
Injured by Horse
188
47

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 Injured by Horse
Nature of injury Internal

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Geo. W. Reed, M. D.
(Address) Steelville Mo
208

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.