

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
SEP 16 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28799

State File No. \_\_\_\_\_

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County JASPER  
(b) City or town JOPLIN  
(c) Name of hospital or institution: 2329 KENTUCKY AVE. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME KATHRINA BAUER WIFE  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEM 5. Color or race W  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife CHRIS BAUER  
6. (c) Age of husband or wife if alive 85 years  
7. Birth date of deceased SEPT 27 1860  
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace NEW ORLEANS LA  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business HOME

MOTHER FATHER  
12. Name NICHOLAS GRILL  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name LOUISA AYERS  
15. Birthplace FRANCE  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louisa Bauer  
(b) Address Joplin Mo

17. (a) HURRIE (b) Date thereof AUG 20 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HORNET

18. (a) Signature of funeral director Anderson  
(b) Address Joplin Mo

19. (a) 8-20-40 (b) Ed S. Stacey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JASPER  
(c) City or town JOPLIN  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2329 KENTUCKY  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 18  
year 1940 hour 6 minute 20 P. M.  
21. I hereby certify that I attended the deceased from JUNE 15  
1940 to AUGUST 18 1940  
that I last saw him alive on AUGUST 18 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death LEFT CEREBRAL HEMORRHAGE  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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 Statter M. Howard (M.D. or other) \_\_\_\_\_  
Address Joplin Mo Date signed 9/19/40

40-9-376

**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 *Jay T. Anderson*  
Licensed Embalmer No. *2142*

P. O. Address. *Joplin, 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.**