

Registration District No. 53

Primary Registration District No. 3005

1. PLACE OF DEATH:

(a) County BATES  
(b) City or town RICH HILL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: NONE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community NATURAL LIFE years, months or days

3. (a) PRINT FULL NAME AGUSTE ELAINE HINE

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife BEN HINE 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased JUNE 29 1918  
(Month) (Day) (Year)

8. AGE: Years 22 Months 6 Days 21 If less than one day hr. min.

9. Birthplace RICH HILL MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name GUSTAVE BAUERLE  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name FRS ELISABETH VON GRAMM  
15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. G. Bauerle  
(b) Address RICH HILL, MO.

17. (a) BURIAL (b) Date thereof Jan 16 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation GREEN LAWN

18. (a) Signature of funeral director BOOTH'S  
(b) Address RICH HILL

19. (a) Jan 17 1941 (b) Claude J. Allen M.D.  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BATES 7  
(c) City or town RICH HILL, MO.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14  
year 1941 hour 5:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from January 8 1941 to Jan. 14 1941  
that I last saw her alive on January 14 1941  
and that death occurred on the ant and hour stated above.

Immediate cause of death Diphtheria Acute Yellow Atrophy of Liver Duration 4 days 1 week

Due to Primary Diphylis  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 10

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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M.D.  
Address RICH HILL, MO Date signed 1/17/41

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

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.

RECEIVED

District Health Officer No. 7,

District File Number 2-41-247

Date Filed 2-16-41

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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 D. Underwood*

Licensed Embalmer No. 3585

P. O. Address Butler Pa

**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.**