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FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2271
Registrar's No. 14

Registration District No. 201

Primary Registration District No. 5280

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty Mo Rural
(c) Name of hospital or institution: I.O.O.F. Home 2.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay
(c) City or town Liberty Rural Mo
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? 49 years.

3. (a) PRINT FULL NAME EARNEST A. BAUER
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 24
year 1941 hour 9 minute 30 A.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Oct 10
1932 to Jan 24, 1941
that I last saw him alive on Jan 23, 1941
and that death occurred on the date and hour stated above.

7. Birth date of deceased January 14 1873
(Month) (Day) (Year)
8. AGE: Years 68 Months 0 Days 10
If less than one day hr. _____ min. _____

Immediate cause of death Tuberculosis of Lungs
Due to Tuberculosis of Heart
Due to _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation at home

Other conditions 14
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Arnold Bauer
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Emma Stutz
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

16. (a) Informant I.O.O.F. Home Records
(b) Address Liberty Mo
17. (a) burial (b) Date thereof 1-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Home
18. (a) Signature of funeral director Hersel - Bender
(b) Address Liberty Mo
19. (a) 1-27-41 (b) Helen Early
(Date received local registrar) (Registrar's signature)

23. Signature F.H. McArthur (M. D. or _____)
Address Liberty Mo Date signed 2/14/41

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

4
0
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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-12-41

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 *Marion Hessel*

Licensed Embalmer No. *2509*

P. O. Address *Liberty Mo.*

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

If this body is not embalmed, fact should be so stated above.