S. No. 2
—11-10-39
v. 5-17-
1 x2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24543

FILED AUG 11 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Buchannan

(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community 0 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan 999 14 0

(c) City or town Wathena - - rural (If outside city or town limits, write "RURAL")

(d) Street No. 7 miles southwest (If rural, give location)

(e) If foreign born, how long in U. S. A.? -- 2 years.

3. (a) PRINT FULL NAME Ida Bahr

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife George A. Bahr

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 7 1886 (Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Wathena (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation housewife

11. Industry or business at home

FATHER
12. Name August Kiehnhoff
13. Birthplace unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Fredrika Bauman
15. Birthplace unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant George Bahr

(b) Address Wathena, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-18-41 (Month) (Day) (Year)

(c) Place: burial or cremation Wathena Kans

18. (a) Signature of funeral director N Dodds

(b) Address Wathena, Kansas

19. (a) July 19 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1941 hour 2 minute 15 p M.

21. I hereby certify that I attended the deceased from July 12, 1941, to July 18, 1941; that I last saw her alive on July 18, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Addison's disease	6-12 mos.
Due to —	
Due to — 65	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations not operated
Of autopsy Confirmed Addison's

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. L. H. Fuson (M. D. or other) DMD

Address St. Joseph Mo Date signed 7-19-41

(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 A. L. Dodds

Licensed Embalmer No. 3023

P. O. Address Wathena, Kans.

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.