

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31840

Registration District No. 420

Primary Registration District No. 3022

State File No.

Registrar's No. 61

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town De Soto Mo.
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 years (Specify whether years, months or days)
In this community 34 years

3. (a) PRINT FULL NAME CLARA ROSE BAHR

8. (b) If veteran, name war — 8. (c) Social Security No. —

4. Sex Female 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

7. Birth date of deceased Aug 20 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 23 If less than one day — hr. — min.

9. Birthplace St. Genevieve Mo.
(City, town or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business —

MOTHER FATHER { 12. Name Joseph Bahr
13. Birthplace St. Genevieve Mo.
14. Maiden name Agatha Kosh
15. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Agatha Kosh

(b) Address De Soto Mo.

17. (a) Buried (b) Date thereof Sept 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Soto Mo.

18. (a) Signature of funeral director —

(b) Address De Soto Mo.

19. (a) 9-18-41 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
(c) City or town De Soto (If outside city or town limits, write "RURAL")
(d) Street No. 602 S. Main St. (If rural, give location)
(e) If foreign born, how long in U. S. A. — years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9/13 day — year 1941 hour 11 minute — M.

21. I hereby certify that I attended the deceased from 9/10 1941, to 9/13 1941; that I last saw her alive on 9/13 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 3 da

Due to Adeno carcinoma of Liver 2 yrs

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: Of operations — Of autopsy —
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 G. E. Elders M.D. (M. D. or other) —
Address De Soto Mo. Date signed 9/17/41

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

Francis R. Dietrich

, Registered Apprentice No. *258*

working under my personal supervision.

Signed

FRANCIS R. DIETRICH

Licensed Embalmer No. *4104*

P. O. Address *St. Louis 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.