

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **9475**

FILED APR 1 1942
 Registration District No. **13299**

Primary Registration District No. **1001**

Registrar's No. **1030**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL," and name of township)
 (c) Name of hospital or institution:
Trinity Lutheran
 (If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution **3 days**
 In this community **2 mo. 17 days**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **706 West 46th**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME BARBARA ANN BAUER

3. (b) If veteran, name war **no** 3. (c) Social Security No. **✓**

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

7. Birth date of deceased **Dec 25 1941**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		2	17	hr. _____ min. _____

9. Birthplace **Kansas City Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER
 12. Name **Joseph W Bauer**
 13. Birthplace **Kansas City Mo**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Maxine Hillyard**
 15. Birthplace **Phillipsburg Kansas**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Bauer**
 (b) Address **706 West 46th**

17. (a) **Burial** (b) Date thereof **Mar 13 1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Durick & Tabin Co**
 (b) Address **20 West Linwood**

19. (a) **3-13-42** (b) **M. M. Crowe**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **12th** day **March**
 year **1942** hour **7:30** minute **A** M.

21. I hereby certify that I attended the deceased from **March 11 1942** to **March 12 1942**
 that I last saw her alive on **March 12 1942**
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Bronchopneumonia	1 day
Type Unspecified	
Acute nosa Pharyngitis	3 day
Due to _____	
Due to _____	
Other conditions _____ (Include pregnancy within 3 months of death)	

PHYSICIAN
 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?
 _____ (Specify type of place)

While at work? _____ (e) Means of injury _____
 23. Signature **M. M. Crowe** (M. D. or other) _____
 Address **233 Plaza Midway** Date signed **March 12 42**

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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.....

Harold Perry
.....

Licensed Embalmer No. *4097*
.....

P. O. Address.....
.....

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, fact should be so stated above.