

FILED JUN 18 1942

Registration District No.

Primary Registration District No.

54294

59

1. PLACE OF DEATH:

(a) County Pentry
(b) City or town Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 55-6-12
years, months or days

3. (a) PRINT FULL NAME John Henry Bauer

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

4. Sex Male 5. Color or race wht 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosa R. Bauer 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased 1 13 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 29 If less than one day
hr. min.

9. Birthplace Muskogee Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William Bauer
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Lena Schwalbe
15. Birthplace Muskogee Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa R. Bauer
(b) Address Stanberry Mo.

17. (a) Burial (b) Date thereof 5-13-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highridge at Stanberry

18. (a) Signature of funeral director Frank Johnson

(b) Address Stanberry Mo.

19. (a) 5-13-42 (b) Harner 24
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pentry
(c) City or town Rural
(d) Street No. Five Miles South of Stanberry
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1942 hour 1:15 minute A M.

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

Immediate cause of death Lobar Pneumonia
Due to Measles

Due to Exposure

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

Major findings:
Of operations

Of autopsy 2 to 5

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 R. H. Beets D.O. (M.D. or other)
Address Stanberry Mo. Date signed May 42

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, J. Evan Johnson, Registered Apprentice No. 3492,
working under my personal supervision.

Signed J. Evan Johnson
Licensed Embalmer No. 3492
P. O. Address Shadbury, 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, fact should be so stated above.