

FILED SEP 15 1942

Registration District No. 201

Primary Registration District No. 603-24450

Registrar's No. 1850

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Douglas Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yr (Specify whether)
In this community 20 yr (years, months or days)

3. (a) PRINT FULL NAME

Anton Bauer

3. (b) If veteran,

name war no

3. (c) Social Security

No. —

4. Sex

Male

5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased

Oct. (Month)

10. (Day) 1907 (Year)

8. AGE:

Years

Months

Days

If less than one day

74

10

4

hr. min.

9. Birthplace

Graz (City, town, or county)

Austria (State or foreign country)

10. Usual occupation

Farming

11. Industry or business

MOTHER FATHER

12. Name

Michael Bauer

13. Birthplace

Graz (City, town, or county)

Austria (State or foreign country)

14. Maiden name

unknown

15. Birthplace

unknown (City, town, or county)

9 (State or foreign country)

16. (a) Informant

Robert Bauer St Louis

(b) Address

2303 2 Minnesota Ave

17. (a)

Burial (Burial, cremation, or removal)

(b) Date thereof Aug. 17, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation

New St. Peter & Paul Cmt.

18. (a) Signature of funeral director

Blacklock mortuary

(b) Address

Douglas Mo.

19. (a)

8-14-42 (Date received local registrar)

(b)

Edw. Johnson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91
(c) City or town Douglas mo Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country Austria 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1942 hour 3 minute 10A.M.

21. I hereby certify that I attended the deceased from 8-8-1942 to 8-14-1942
that I last saw him alive on 8-14-1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Uremic poisoning

Duration

6 days

Due to

Enlarged prostate
arterial sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

137a

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? _____

While at work

(Specify type of place)

(c) Means of injury

23. Signature Edw. Johnson (M. D. or other)

Address Douglas, Mo. Date signed 8-14-42

RECEIVED

District Health Officer No. 5,

District File Number 942853

Date Filed 9-14-42

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, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed

Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address

Corning Ark.

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.