

No. 2  
-13-40  
-17-39  
X23159

FILED SEP 21 1942

Registration District No. 38

Primary Registration District No. 3006-5120

Registrar's No. 166

10  
2  
4

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

1. PLACE OF DEATH:

(a) County. Boone

(b) City or town. Columbia

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

(d) Length of stay: In hospital or institution. 1 day  
(Specify whether)

In this community. 1 day  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town. Hartsburg Mo Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. west of Hartsburg, mo,  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME. Bruce Conrad Bamer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. 0

6. (b) Name of husband or wife. \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 12 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>1</u>	hr. _____ min. _____

9. Birthplace Columbia Mo Boone Co  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Conrad S Bamer

13. Birthplace Hartsburg Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Wetman

15. Birthplace Hartsburg, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Conrad Bamer

(b) Address Hartsburg, Mo.

17. (a) Burial & Removal (b) Date thereof 8/14/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartsburg Mo.

18. (a) Signature of funeral director. Bueschi

(b) Address Jefferson City Mo.

19. (a) Aug 13 1942 (b) Edna W. Barber  
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13  
year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug - 12 -, 1942, to Aug - 13, 1942, that I last saw him alive on Aug - 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Difficult Forceps Delivery

Due to \_\_\_\_\_

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

Major findings: Of operations 160

Of autopsy none

Duration \_\_\_\_\_

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? ✓

23. Signature F. C. Suggitt (Specify type of place) \_\_\_\_\_  
(M. D. or other) \_\_\_\_\_  
Address Columbia Mo Date signed 8-13-42

**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

*Victor Boescher*

Licensed Embalmer No.

*3701*

P. O. Address

*Jefferson City, 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.**