S. No. 2
M—9-4-41
v. 5-17-39
I X29484

39
2
6

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

Registration District No. ~~318~~

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30339

Primary Registration District No. 2000

Registrar's No. 673

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Hours (Specify whether
In this community 23 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene 2

(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1432 Summitt
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Patrick Bauer

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Harriett E. Bauer

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased ~~Sept~~ Feb. 21, 1919
(Month) (Day) (Year)

8. AGE: Years 23 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Frisco R.R.

FATHER
12. Name George L. Bauer
13. Birthplace Unknown (City, town, or county) Iowa 1 (State or foreign country)

MOTHER
14. Maiden name Mary N. White
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Harriett Bauer
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, M

19. (a) 9-19-42 (Date received local registrar) (b) Dr. N. E. Handley (Registrar's signature)

984

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 year 1942 hour 1 minute 11 p. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....
that I last saw him alive on 9/17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Shock and Hemorrhage

Due to Crushing injury of pelvis and rupture of liver

Due to being caught between two freight cars.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Fracture of Pelvis
Rupture of liver

Duration

169.6

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) Accident 133

(b) Date of occurrence Sept 16, 1942

(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial RR Freight yard
(Specify type of place)

While at work? Yes (e) Means of injury Freight cars

23. Signature Robt. Wyard (M. D. or other)

Address Springfield Mo Date signed 9-19-42

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1944

JUL 1 194

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Ma

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.