FILED DEC 9 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37724

Do not use this space.

78 0 0

1. PLACE OF DEATH

(a) County PEMISCOT Registration District No. 269 78

(b) Township HOLLAND TWP. Primary Registration District No. 5908 0

(c) City or HOLLAND (d) Street No. 1 St. Registered No. 0

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN PETER BACH

(a) Residence, No. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (HELEN BACH) MRS. JOHN PETER BACH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 30, 1885

7. AGE: YEARS 57 MONTHS 0 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. GINNER

9. Industry or business in which work was done, as saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year) NOV. 27, 1942

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JACKSON PORT, ARK.

FATHER

13. NAME CONRAD BACH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME NETTIE JAGO

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT MRS. HELEN BACH (ADDRESS) RT. 2, STEELE, MO.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE NEWPORT, ARK. DATE 11-29 1942

19. FUNERAL DIRECTOR (NAME) GERMAN UNDT. CO. (ADDRESS) STEELE, MO.

20. FILED 12-3- 1942 C C Limbaugh Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 27 1942

22. I HEREBY CERTIFY, That I attended deceased from January 1942 to OCT 1942

I last saw him alive on NOV. 25 1942 Death is said to have occurred on the date stated above, at 1:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	NOV. 27 1942

Other contributory causes of importance: 94A

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) E. L. Taylor, M. D.

(Address) Steele, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

P I X18505

12-42-29

DEC 29 1942

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.....

Licensed Embalmer No.....

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, above space should be left blank.