

S. No. 2
 BM-5-42
 v. 5-17-39
 X32873

35548

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 11 1943

4874

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
(Specify whether
 In this community 71 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 8111 Wornall Road
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS MARY BAUER

(b) If veteran, name war No (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Charles F Bauer 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased Jan 6 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day Dec
 year 1942 hour 4:13 minute P M.
 21. I hereby certify that I attended the deceased from Dec 13
1942 to Dec 27 1942
 that I last saw her alive on Dec 27 1942
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral Thrombosis Duration 2 wks

8. AGE: Years 71 Months 11 Days 21 If less than one day
 hr. _____ min. _____

9. Birthplace Elmira New York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Thomas Lacey
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Nano Fitzgerald
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Charles F Bauer
 (b) Address 8111 Wornall Road

17. (a) Burial (b) Date thereof Dec 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Durk & Robin Co
 (b) Address 20 West Linwood

19. (a) 12-29-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____

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) (e) Means of injury _____

23. Signature J W Fairman (M. D. or other) _____
 Address 404 1/2 W 75 Date signed 12/29/42

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

361

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..... *Charles M. Turk*

Licensed Embalmer No. *3774*

P. O. Address..... *K. C. 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.