

Registration District No. **716**

Primary Registration District No. **3020**

1. PLACE OF DEATH:

(a) County **Franklin**

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

(c) Name of hospital or institution **401 Cedar St. 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none** (Specify whether)

In this community **83 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Franklin**

(c) City or town **Washington**  
(If outside city or town limits, write "RURAL")

(d) Street No. **401 Cedar St.** (If rural, give location)

(e) Citizen of foreign country? **none** (Yes or No)  
If yes, name country **none**

3. (a) PRINT FULL NAME **JOSEPH PIERCE BRUER**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Melvin O. Bauer**

6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **April 14 - 1860**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**83** , **17** hr. min.

9. Birthplace **Franklin Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

12. Name **Michael Bauer**

13. Birthplace **Abree Lorraine France 5**  
(City, town, or county) (State or foreign country)

14. Maiden name **not known**

15. Birthplace **Abree Lorraine France 5**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Edw. H. Hays**

(b) Address **Washington Mo**

17. (a) **Burial** (b) Date thereof **6-3-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington**

18. (a) Signature of funeral director **Edw. Hays**

(b) Address **Washington Mo**

19. (a) **June 2, 1943** (b) **Edw. Hays**  
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **1st** year **1943** hour **3** minute **11** A.M.

21. I hereby certify that I attended the deceased from **April 28**, 1943, to **June 8**, 1943, that I last saw him alive on **May 30**, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death **chronic myocarditis**

Duration **3 mo.**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **93d**

PHYSICIAN

Major findings: Of operations

Of autopsy

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) (a) Means of injury

23. Signature **Edwin C. Hays** (M.D. or other) **Edw. Hays**  
Address **309 & 4th Washington** Date signed **6/3/43**

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

MOTHER FATHER

26  
22

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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. none  
working under my personal supervision.

Signed.....

*Henry W. Otto*

Licensed Embalmer No. 3560

P. O. Address Washington

**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.**