

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29658

Registration District No. 379

Primary Registration District No. 4553

Registrar's No. 19

1. PLACE OF DEATH:

(a) County WRIGHT
 (b) City or town MANSEFIELD
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 In this community. 30 yrs years, months or days)

3. (a) PRINT FULL NAME MICHAEL BAUSCH

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 KATHARINE BAUSCH 6. (c) Age of husband or wife if alive 24 years
 7. Birth date of deceased JUNE 6 1860 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 1 23 hr. min.

9. Birthplace HAMBURG GERMANY (City, town, or county) (State or foreign country)

10. Usual occupation FAVORITE

11. Industry or business RETIRED

12. Name MICHAEL BAUSCH

13. Birthplace NOT KNOWN GERMANY (City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN GERMANY

15. Birthplace 4 (City, town, or county) (State or foreign country)

16. (a) Informant Katharine Bausch

(b) Address MANSEFIELD MO.

17. (a) BURIAL (b) Date thereof July 28 1943 (Month) (Day) (Year)

(c) Place: burial or cremation MANSEFIELD CEM

18. (a) Signature of funeral director W. C. Steffe

(b) Address Mansefield Mo.

19. (a) Aug 1-1943 (b) S. L. Hensley (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT
 (c) City or town MANSEFIELD (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27
 year 1943 hour 4 minute 0 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____, alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Valvular Heart Disease had suffered from this condition
 Due to and final death in bed

Due to General Senility

Other conditions (Include pregnancy within 3 months of death) 92d

Major findings: Of operations none

Of autopsy none

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 3

23. Signature W. C. Steffe (M.D. or other) Coroner
 Address Mansefield Mo Date signed 7/27-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1267

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6

District File Number

843-952

Date Filed

AUG 25 1943

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

W. A. Steffe

Licensed Embalmer No.

3221

P. O. Address

Mansfield Ind

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.