S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1944

Registration District No. 199

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 6393

Registrar's No. 628

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 hrs., 50 min. (Specify whether years, months or days)
In this community 35 hrs., 50 min.

2. USUAL RESIDENCE OF DECEASED: 93
(a) State Missouri (b) County St. Clair
(c) City or town Appleton City, Mo. - "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bauer, Edward Wilmer
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 16 (Day) 1943 (Year)
8. AGE: Years Months 2 Days 28 If less than one day hr. min.
9. Birthplace Appleton City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation INFANT
11. Industry or business
MOTHER FATHER
12. Name Joe T. Bauer
13. Birthplace Rockville (City, town, or county) Missouri (State or foreign country)
14. Maiden name Ina Cook
15. Birthplace Appleton City (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Father and Mother
(b) Address Appleton City, Mo. RR 2
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 6. 1944 (Month) (Day) (Year)
(c) Place: burial or cremation APPLETON CITY, MO.
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 2-7-44 (Date received local registrar) (b) D. C. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6, year 1944 hour 3 minute 35 A.M.
21. I hereby certify that I attended the deceased from February 4, 1944 to February 6, 1944 that I last saw him alive on February 6, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Post Mortem — Duration
1. Intussusception of terminal ileum into cecum
Due to early gangrene & intestinal obstruction
Due to 2. Terminal Bronchopneumonia
Other conditions contributing to death but not related to disease causing death (Include pregnancy within 3 months of death) 3. Pulmonary congestion
Major findings: Of operations 1 Ileocolostomy
Of autopsy 1574

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John K. Jaskin M.D. (M. D. or other)
Address Mercy Hospital Date signed 2-6-44

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.