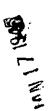
S. No. 2 M5-42 7. 5-17-39	BUREAU OF THE CENSUS STANDARD CERTIF	EALTH OF MISSOURI FICATE OF DEATH State File No. 41043
I X32873	FILED JAN 13 1945 Registration District No	trict No
RECORD	1. PLACE OF DEATH: (a) County DEVALE (b) City or town STEVARDSYTITE (ff outside city or town limits, write RUBAL and stage of township) (c) Name of hospital or institution:	2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County DeKalb (c) City or town (If outside city or town limits, write "RURAL")
RMANENT 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 years, months or days)	(d) Street No
INK—MAKE A PERMANENT RECORD	3. (a) PRINT JOHN BAUER. 3. (b) If veteran, name war. 3. (c) Social Security No. 4. Sex LIALE 5. Color or Whill HE divorced Wedowed. married divorced Wedowed 6. (b) Name of husband or wife 6. (c) Age of husband or wife if	20. DATE OF DEATH: Month 100 day 2 2 year 988 hour 5 minute 15 M. 21. I hereby certify that I attended the deceased from March 1988 to Music 2 2 1988 that I last saw h alive on Music 2 2 1988 and that death occurred on the date and hour stated above. Immediate cause of death Duration
DING BLACK	7. Birth date of deceased SEPT 25.1850 (Year) 8. AGE: Years Months Days If less than one day 86 1 25 hr. min.	Due to
-USE UNFAI	9. Birthplace (City, town, or county) (State or foreign country) 10. Usual occupation Retired farmer 11. Industry or business	Other conditions (Include pregnancy within 3 months of death) Major findings: PHYSICIAN
WRITE PLAINLY—USE UNFADING	John Bauer. 12. Name Germany. 13. Birthplace (Chyptography) Shawmarre or foreign country) 14. Maiden name Germany. 15. Birthplace Germany. (City foreign country) (State or foreign country)	Of operations. Of operations. Of autopsy. If death was due to external causes, fill in the following:
WRIT	16. (a) Info Stevic rtsville Mo. Stevic rtsville Mo. 17. (a) Suvial (b) Date thereo Now 24.1944 (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation Ridgville Cemetery	(a) Accident, suicide, or homicide (specify)
	18. (a) Signature of funeral director. (b) Address. 19. (a) Struct Sville 19. (b) Le W 4 b) Show (Registrar's signature)	While at work? (Specify type of place) What work? (Specify type of place) Wans of injury) Address. (M/D/J) Address. Date signed.



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 II Januar			
	Licensed Embalmer No. 752			
•	P. O. Address Dewarding			

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.

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