

FILED APR 6 1945

State File No. \_\_\_\_\_

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: At home.  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 70 Years.  
years, months or days

3. (a) PRINT FULL NAME Marcus F. Dauer.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Gussie Dauer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 1 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>11</u>	<u>4</u>	hr. _____ min.

9. Birthplace Saxony, Germany. 11  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business \_\_\_\_\_

12. Name George Dauer.

13. Birthplace Germany 11  
(City, town, or county) (State or foreign country)

14. Maiden name Anna ???

15. Birthplace Germany 11  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Albert Selck

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof March 7"/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery.

18. (a) Signature of funeral director Goodman & Hollar

(b) Address Boonville, Mo.

19. (a) Mar 6-45 (b) Dr. Chas. Swap.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27  
(c) City or town Boonville (If outside city or town limits, write "RURAL") 1  
(d) Street No. 517 Poertner St. (If rural, give location) 2  
(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1945 hour 1 minute 30 p.M.

21. I hereby certify that I attended the deceased from April 1  
1944 to March 5, 1945.

that I last saw him alive on March 5th, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Uremia 5 days

Due to Diseased prostate gland 8 yrs

Due to Infirmities of age

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 127 lb  
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 2

23. Signature A. B. Carter (M.D. or other) Do.

Address Boonville Mo. Date signed 3/6/45

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

1  
2

Health Officer No. 8,  
Number  
Date Filed 7/5/45

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

*J. W. Goodlin*

Licensed Embalmer No. 1178

P. O. Address

*Boonville, 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.**