

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20812**

REC JUL 7 1945

Registration District No. **207**

Primary Registration District No. **5753**

Registrar's No. **75**

1. PLACE OF DEATH:

(a) County **Maries Co. Mo**
(b) City or town **Boone Twp - Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **4**
(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)

3. (a) PRINT FULL NAME **Sebastian Bauer**

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 **Margaret Bauer**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **12 17 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days. If less than one day
82 5 21 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Peter Bauer**
13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Victor Bauer**
(b) Address **Brinktown Mo**
17. (a) **Burial** (b) Date thereof **6 11 45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Brinktown Mo**

18. (a) Signature of funeral director **Fred H Gilbert**
(b) Address **Dixon Mo**

19. (a) **6/18/45** (b) **Erma Bassett**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Maries** **63**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9**
year **1945** hour **9** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **June 9 1945** to **June 9 1945**
that I last saw him alive on **June 9 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Gastric carcinoma** Duration **2 yr**

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations **46 hr**

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 **Erma Bassett** (M. D. or other) **D.O.**
Address **Dixon Mo** Date signed **6-11-45**

1096

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-6-45

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.....

working under my personal supervision.

69-45 Registered Apprentice No.....

Signed Fred H. Givens

Licensed Embalmer No. 2341

P. O. Address Six on 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.