

FILED SEP 12 1945
Registration District No. 70

Primary Registration District No. 5278

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Rural Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(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 Phillipine Bauer.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F. W. 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Bauer 6. (c) Age of husband or wife 75 years

7. Birth date of deceased Sept 27 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation at Home

11. Industry or business _____

12. Name Phillip Snitzer

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

14. Maiden name not known

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

16. (a) Informant Fred Bauer

(b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof 5-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka Cemetery

18. (a) Signature of funeral director Fred Kiehl

(b) Address Kahoka Mo.

19. (a) 815 45 (b) J.R. Budgrist M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23

(c) City or town Rural Jackson Twp
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1945 hour 12 minute 20A M.

21. I hereby certify that I attended the deceased from Jan. 1 1945 to May 19 1945
that I last saw h. _____ alive on May 19 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mell
Neuritic Arterio

Due to _____

Due to _____

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

Major findings: _____

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature J.R. Budgrist M.D. (M. D. or other) _____
Address Kahoka Mo. 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 Fred J Karle
Licensed Embalmer No. 1023
P. O. Address Kahola, 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.