

FILED JAN 8 1946
42

Registration District No. _____

Primary Registration District No. **1000**

Registrar's No. **T294**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1111 Lafayette
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 58 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1111 Lafayette
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ellen Minnie Bauerlein

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles Bauerlein 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased August 8 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Wayne Co. Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Maudsley
13. Birthplace unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta Bryant
15. Birthplace unknown Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Bauerlein
(b) Address 1111 Lafayette

17. (a) burial (b) Date thereof 12/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter B. Beck & Bowman

(b) Address 319 South 10th

19. (a) Dec 5 - 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd
year 1945 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from Nov 29 1945 to Dec 2nd 1945
that I last saw her alive on Dec 1st 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Due to aged

Due to _____

Other conditions fac deharimp.
(Include pregnancy within 3 months of death)

Major findings:
Of operations [Signature]
Of autopsy _____

Duration 4 days

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)
Means of injury 0

23. Signature [Signature] (M. D. or other)
Address King Hill St. JOSEPH signed 12/3/45

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

1428

Mr. Terrie Bush
King Hill Rd

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 Frank A. Conway

Licensed Embalmer No. 1760

P. O. Address St. Joseph 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.