

FILED FEB 11 1946

Registration District No. **64**

Primary Registration District No. **3032**

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Warrensburg**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Warrensburg Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
(Specify whether
In this community **30 Yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson** **51**
(c) City or town **Rural, Montserrat Twp**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **RFD Warrensburg**
(If rural, give location) **0**
(e) Citizen of foreign country? **Yes** (Yes or No) **0**
If yes, name country **Germany**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **4**
year **1946** hour **8** minute **45 P.M.**
21. I hereby certify that I attended the deceased from **Dec 25**
19 **45** to **Jan 8-46** 19 **46**
that I last saw him alive on **Jan 8-46** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Thrombosis** **sudden**
Duration

Due to **arteriosclerosis** ?
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: **MI**
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **John Bauer**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb 20 1974**
(Month) (Day) (Year)

8. AGE: Years **71** Months **10** Days **14**
If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Adam Bauer**
13. Birthplace **Germany Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Barbar Schmidt**
15. Birthplace **Germany Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **L.W. Houts**
(b) Address **Warrensburg Mo.**

17. (a) **Burial** (b) Date thereof **1-5-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Sweeney Phillips**
(b) Address **Warrensburg**

19. (a) **1-5-46** (b) **Savannah Overholser**
(Date received local registrar) (Registrar's signature)

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
Signature **R.F. McKimney** (M.D. or other) **M.D.**
Address **Warrensburg Mo** Date signed **1-5-46**

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

1
2
2

147

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. Earl Priest*

Licensed Embalmer No..... **3878**

P. O. Address..... **Warrensburg 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.