

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 3164

FILED JAN 25 1946

Registrar's No. 96

Registration District No. Primary Registration District No. 5661

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Ewing Rural
(c) Name of hospital or institution Highland
(d) Length of stay: In hospital or institution. 87 years.
In this community 87 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
(c) City or town Ewing (Rural)
(d) Street No. 7 mi. West Ewing
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME WILLIAM FREDERICK BAUERRICHTER

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

4. Sex M race W 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 12 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 24. If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired farmer

12. Name Fred Bauerriechter

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

14. Maiden name Henrietta Vassel

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

16. (a) Informant Fred Darley

(b) Address Ewing, Mo

17. (a) Burial (b) Date thereof Dec 11 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stephenville Mo

18. (a) Signature of funeral director Thomas Ball

(b) Address Ewing Mo

19. (a) 12-12-45 (b) P. W. Jennings M.D.
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 4 1945 to Dec. 8 1945 that I last saw him alive on Dec. 4 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 4 days

Due to

Due to

Other conditions Senility (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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Harry L. McQuaden M.D. or other D.O. Address La Belle, Missouri Date signed 12/10/45

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 1-46-78
Date Filed JAN 23 1946

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..... *Thomas Ball*

Licensed Embalmer No. 1744

P. O. Address..... Ewing, 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.