

FILED FEB 28 1946 STANDARD CERTIFICATE OF DEATH

State File No. 6340

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town CANTON
(c) Name of hospital or institution: CANTON
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community 25 yrs
years, months or days)

3. (a) PRINT FULL NAME MARY JANE BAUER

3. (b) If veteran, name war 710712 3. (c) Social Security No. 710712

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Gottlieb Bauer 6. (c) Age of husband or wife if alive 11 years (Month) (Day) (Year)

7. Birth date of deceased Feb 11 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 11 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Daniel Ketchum

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

14. Maiden name BATZERA ANN BARTY

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

16. (a) Informant Gottlieb Bauer

(b) Address CANTON MISSOURI

17. (a) Burial (b) Date thereof Feb 2 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Mo.

18. (a) Signature of funeral director Paul H. Buckley

(b) Address Canton, Mo.

19. (a) 2-3-46 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town CANTON
(If outside city or town limits, write "RURAL")

(d) Street No. 208 S. 4th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN, day 30
year 1946 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 1 1932 to Jan 30 1946
that I last saw her alive on Jan 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular disease of Heart
Duration 10 yrs

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) no

(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 no

23. Signature P. W. Jennings (M. D. or other) 2/6/46

Address Canton Mo. Date signed 2/6/46

(Licensed Embalmer's Statement on Reverse Side)

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

5397

RECEIVED

District Health Officer No. 10

District File Number 2-46-260

Date Filed FEB-25-1946

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

Emil H. Parkley

Licensed Embalmer No. 2615

P. O. Address Canton, Mass.

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.