

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10320

State File No.

FILED APR 12 1946
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 400 North Quincy
(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 Linus John Bahner

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife Josephine Bahner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 22 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 7 If less than one day
hr. _____ min. _____

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

10. Usual occupation Feed Store - Retired

11. Industry or business

12. Name Edward Bahner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Adeline Bruehl
15. Birthplace Wheeling West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Bahner (Daughter)
(b) Address 400 N. Quincy, Sedalia, Mo.

17. (a) Burial (b) Date thereof April 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 4-1-46 (b) Betty Yeager
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 400 North Quincy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1946 hour 9:15 minute P M.

21. I hereby certify that I attended the deceased from as a coroner
3/29, 1946, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Coronary occlusion
Due to Coronary Thrombosis
Due to _____

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

Major findings: Of operations g4w Of autopsy _____
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 Dr. H. L. Holden (M. D. or other) P.O.
Address 229 E. 1st St. - Sedalia, Mo. Date signed 3/29/46

(Licensed Embalmer's Statement on Reverse Side)

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

9250

30
4-6

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-11-46.....

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.....

H. P. M. Crary

Licensed Embalmer No. 31830

P. O. Address Sedalia 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.