

FILED APR 18 1946

Registration District No. **237**

Primary Registration District No. **6138**

Registrar's No. **32**

1. PLACE OF DEATH:

(a) County **Shelby**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **74 yrs.** (Specify whether years, months or days)
In this community **74 yrs.**

3. (a) PRINT FULL NAME **Christina Emilie Bauer**

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

4. Sex **F** 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 **Aug 19 1871**
(Month) (Day) (Year)

8. AGE: Years **74** Months **7** Days **13** If less than one day **/** hr. **/** min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John George Bauer**
13. Birthplace **Bayaria Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Konessa Stark**
15. Birthplace **Wittenberg Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Adele Bauer**
(b) Address **Bethel Missouri**

17. (a) **burial** (b) Date thereof **April 5, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hebron Cemetery**

18. (a) Signature of funeral director **W. Musgrove**

(b) Address **Bethel Missouri**

19. (a) **April 10-46** (b) **Ruth Jager**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **1/4 mi. S. of Bethel**
(If rural, give location)
(e) Citizen of foreign country? **/** (Yes or No)
If yes, name country **/**

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month **April** day **2**
year **1946** hour **5** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 1 1946** to **April 2 1946**
that I last saw her alive on **April 2 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Burns** Duration **23 hrs**

Due to **catching clothes on fire, while building a fire**
Due to **/**

Other conditions (Include pregnancy within 3 months of death) **/**

Major findings: Of operations **141**
Of autopsy **15**
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) **Accident**
(b) Date of occurrence **April 1, 1946**
(c) Where did injury occur? **Bethel Shelby Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)

While at work? **Yes** (e) Means of injury **Burns**

23. Signature **Dr. Howard H. Dutton** Address **Bethel Mo** Date signed **April 4/46**

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

Licensed Embalmer No.

P. O. Address

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.