

Registration District No. **360**

Primary Registration District No. **6225**

Registrar's No. **71**

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

1. PLACE OF DEATH:
 (a) County Vermon
 (b) City or town Washington Top
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital no. 3 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether)
 In this community OK.
years, months or days

8. (a) PRINT FULL NAME Erwin Bauman
8. (b) If veteran, name war ?
8. (c) Social Security No. ?

4. Sex M **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 Don't know
(Month) (Day) (Year)

8. AGE: Years 77 Months 07C Days 07C If less than one day - hr. - min.

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

10. Usual occupation Laborer

11. Industry or business Records
12. Name John Bauman
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Erwin
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Records
(b) Address State Hospital # 3

17. (a) Burial **(b) Date thereof** Apr 5 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Nevada Mo
19. (a) 4-2-47 **(b) [Signature]** Rathbone Jancy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Vermon
 (c) City or town Washington Nevada
(If outside city or town limits, write "RURAL")
 (d) Street No. 118 1/2 N Washington
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? - years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3
 year 1947 hour 2:00 minute P. M.
21. I hereby certify that I attended the deceased from 3-31, 1947, to 4-3, 1947
 that I last saw him alive on 4-3, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis Heart
Senility OK.
 Other conditions -
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: -
 Of operations: -
 Of autopsy: 97
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 J. R. Bunch (M. D. or other) -
 Address State Hospital # 3 Date signed 4-

RECEIVED
District Health Officer No. 7,
3-47-468
District File Number 4-17-47
Date Filed

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 not

....., Registered Apprentice No.

working under my personal supervision.

Signed Allen T. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 7

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, above space should be left blank.