

FILED AUG 19 1947

Registration District No. 3197 Primary Registration District No. 3010

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

1. PLACE OF DEATH:  
 (a) County Cape Girardeau  
 (b) City or town Cape Girardeau  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Family Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Cape  
 (c) City or town Cape Girardeau  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1206 N. Fountain  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Bauers  
 (b) If veteran, name war ✓  
 (c) Social Security No. E

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced 1  
 (b) Name of husband or wife Freddie  
 (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased: Jan 18 1867  
 (Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 18  
 If less than one day hr. min.

9. Birthplace Oak Ridge Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Henry Bauers  
 13. Birthplace Wynona  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bont Kraw  
 15. Birthplace Bont Kraw  
 (City, town, or county) (State or foreign country)

16. (a) Informant Freddie Bauers

(b) Address Cape Gir

17. (a) Burial (b) Date thereof 8-9-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grainland Cape

18. (a) Signature of funeral director Joe S. Huppert

(b) Address Cape Gir

19. (a) 8-11-1947 (b) W. C. Sumner  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 0  
 year 1947 hour 8 PM minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from 12th  
12th 1947 to Aug 8 1947  
 that I last saw him alive on 8-3 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
 Duration 1 yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: 999  
 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? \_\_\_\_\_  
 (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 0

23. Signature W. W. Wincant (M. D. or other)

Address Cape Girardeau Date signed 8-9-47

RECEIVED

District Health Officer No. 4

District File Number 847-1059

Date Filed 8-18-47

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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 W. H. Estes

Licensed Embalmer No. 3561

P. O. Address Opp. Gr. No.

**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.