

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

No. 2
2-45
7-39
K47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35163

FILED AUG 25 1947

State File No.

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 126

1. PLACE OF DEATH:
 (a) County Cooper
 (b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community All of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cooper
 (c) City or town Boonville
(If outside city or town limits, write "RURAL")
 (d) Street No. 213 Third St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Elizabeth Bauer.
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 3
 year 1947 hour 3 minute 30 P.M.
 21. I hereby certify that I attended the deceased from
6-19 1947 to aug 3 1947
 that I last saw him alive on aug 3 1947
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John G. Bauer.
 6. (c) Age of husband or wife if alive 1861 years
 7. Birth date of deceased: July 24 1861
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
 Duration 2 wks.

8. AGE: Years 86 Months _____ Days 10
 If less than one day _____ hr. _____ min.

Due to arterio-sclerosis
 Due to _____

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

Other conditions: 83 PA.
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: none
 Of operations _____
 Of autopsy none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business At home

12. Name Casper Kirchner

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

14. Maiden name Barbara Knack

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

16. (a) Informant Miss Edith Bauer.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Aug 5th 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
Walnut Grove Cemetery.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Goodman & Boller.

(b) Address Boonville, Mo.

19. (a) 8-6-47 (b) DeHooper
(Date received local registrar) (Registrar signature)

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? _____ (c) Means of injury _____

23. Signature J.C. Beckett, M.D. (At. D. or other) _____
 Address Boonville Mo. Date signed 8-4-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-29-47

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 _____

Wm W Wood, Registered Apprentice No. 480
working under my personal supervision.

Signed JH Goodman
Licensed Embalmer No. 1178

P. O. Address Boonville, 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.