S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 28 1947

Registration District No. 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37476

Primary Registration District No. 3015

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 607 S Walnut 3 9
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25 1

(c) City or town Cameron 1
(If outside city or town limits, write "RURAL")

(d) Street No. 607 S Walnut
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME Theodore Gustave Bauer

3. (b) If veteran, name war —

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Fannie W Bauer

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June (Month) 25 (Day) 1881 (Year)

8. AGE: Years 66 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Stewartsville (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Samuel Bauer
13. Birthplace Wilkes Barre (City, town, or county) Pa. 1 (State or foreign country)

MOTHER
14. Maiden name Emma Hammerling
15. Birthplace Scranton (City, town, or county) Pa 1 (State or foreign country)

16. (a) Informant Mrs. T. G. Bauer
(b) Address Cameron

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Graceland

18. (a) Signature of funeral director Poland Funeral Home
(b) Address Cameron

19. (a) Nov. 22, 1947 (Date received local registrar) (b) Winifred W. Moser (Registrar's signature) 220

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1947 hour minute 3 50 A M.

21. I hereby certify that I attended the deceased from Sept 18 1947, 19 , to Nov 19 1947, 19 ;
that I last saw him alive on Nov 19 5 p.m. 1947.
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart failure	6 weeks
Due to Malnutrition	6 weeks
Due to Injury of broken neck Sept 18 1947	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

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) Auto accident Sept 18 1947

(b) Date of occurrence Sept 18 1947

(c) Where did injury occur? Cameron (City or town) Clinton (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on highway 69 (US) (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M.D. or other)

Address Cameron Mo. Date signed Sept 20 47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 George R. Trumbell

Licensed Embalmer No. 4427

P. O. Address 309½ West 3rd

Cameron, 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.