S. No. 2
M—2-43
. 5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42750

State File No.

FILED DEC 26 1947

Registration District No. 1

Primary Registration District No. 6052

Registrar's No. 34

1. PLACE OF DEATH:

(a) County: St Clair

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

(c) Name of hospital or institution: Rural Appleton Twp 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Home (Specify whether)

In this community (years, months or days): 63 yrs 9 m 10 da

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St Clair 93

(c) City or town: Appleton City — Rural
(If outside city or town limits, write "RURAL")

(d) Street No.:
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Eva A. Bauer.

3. (b) If veteran, name war: none

3. (c) Social Security No.: None

4. Sex: Fem

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Joseph Bauer

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

7. Birth date of deceased: Mar (Month) 3 (Day) 1884 (Year)

8. AGE: Years 63 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace: Appleton City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeping

11. Industry or business:

MOTHER FATHER

12. Name: John S. Hill

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

14. Maiden name: Elizabeth Tunbridge

15. Birthplace: England
(City, town, or county) (State or foreign country)

16. (a) Informant: John Bauer

(b) Address: Appleton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 17 47 (Month) (Day) (Year)

(c) Place: burial or cremation: ~~Appte~~ Rockville

18. (a) Signature of funeral director: Frank Lee

(b) Address: Appleton City Mo

19. (a) Dec 17 1947 (Date received local registrar) (b) Mrs. Ola Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1947 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 7, 1947, to Dec 15, 1947, that I last saw he alive on Dec 15, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to:

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: (M. D. or other)

Address: Appleton City, Mo Date signed: Dec 16 1947

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 7,
11-47 1465
District File Number
12-23-47
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~~ Dec 15 1947, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.