S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 27 1948
Registration District No. 169

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5614

State File No. 131880

Registrar's No. 213

1. PLACE OF DEATH:
(a) County Knox County.
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox. 52
(c) City or town Rural. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles East of Plevna. 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex F | 5. Color or race W. | 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 27 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
81	5	10	hr. 1 min.

9. Birthplace Astoria, Fulton Co. Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business

MOTHER / FATHER
12. Name James Strawbridge
13. Birthplace Not Known Not Known (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Burrus
15. Birthplace Astoria Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Bauer
(b) Address Newark, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Brashear Cemetery
18. (a) Signature of funeral director W. Musgrave
(b) Address Bethel, Missouri
19. (a) April 22-48 (Date received local registrar) (b) Nell S. Hunsell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1948 hour 7:0 minute 00 P.M.
21. I hereby certify that I attended the deceased from November 7, 1947 to April 17 1948
that I last saw h. E.R alive on April 17 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Hemorrhage	3 days
Due to Carcinoma	?
Due to (Duodenum)	
Other conditions. Secondary (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0

23. Signature Waldo Bolons M.D. (M. D. or other)
Address Knox City, Mo. Date signed 4/20/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 4-48-749
Date Filed APR 26 1948

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 Self, Registered Apprentice, No. ....., working under my personal supervision.

Signed Lee Musgrove

Licensed Embalmer No. 2218

P. O. Address Bethel 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.