

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1948

Registration District No. 169

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6614

State File No. 26861

Registrar's No. 290

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: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)
In this community 8 years

3. (a) PRINT FULL NAME John Lewis Bauer

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 17 years (Day) (Year)
7. Birth date of deceased Nov 17 1891 (Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Schnegler Co. Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Henry Bauer
13. Birthplace Rushville Illinois (City, town, or county) (State or foreign country)
14. Maiden name Caroline Stambaugh
15. Birthplace Union Co. Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Earl Bauer

(b) Address Quincy Illinois

17. (a) buried (b) Date thereof Sept 3-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bradley Cemetery

18. (a) Signature of funeral director Edw. Magraw

(b) Address Beulah Mo

19. (a) Sept 8-48 (b) Will S. Hunsick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County KNOX
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 miles N.E. of Plummer
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1948 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion
Tough food fed at his farm home.
5 PM Aug - 31-1948.

Due to None
Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations 114
Of autopsy 114

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State) None
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

(Specify type of place) While at work? None (Specify type of place) (e) Means of injury None

23. Signature Keith Hudson (M. D. or Registrar) Edina, Missouri Date signed Sept 2, 48

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

8461 1300
OCT 1 1948

RECEIVED

District Health Officer No. 10

District File Number 948-1617

Date Filed SEP 13 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 Cornisgrove

Licensed Embalmer No. 2219

P. O. Address Beckel 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.