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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36365

Primary Registration District No. 1002

Registrar's No. 4586

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: STATE HOTEL 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether years, months or days)

In this community 30 YEARS

2. USUAL RESIDENCE OF DECEASED: 999

(a) State KANSAS (b) County WYANDOTTE 14

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 1275 METROPOLITAN AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country --

3. (a) PRINT FULL NAME MISS ESTAUNE CAROLINE BAUER

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased DECEMBER (Month) 13 (Day) 1903 (Year)

8. AGE: Years 44 Months 10 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace LANSING (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation REGISTERED NURSE

11. Industry or business

MOTHER FATHER

12. Name HENRY BAUER

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

14. Maiden name ANNA LUTZ

15. Birthplace MARSHFIELD (City, town, or county) WISCONSIN (State or foreign country)

16. (a) Informant MRS. ILIS MORGAN

(b) Address 1275 METROPOLITAN AVE - K.C. KANSAS

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof NOV-9-1948 (Month) (Day) (Year)

(c) Place: ~~burial or cremation~~ D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer Son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-10-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 8 year 1948 hour 10 minute 30 A.M.

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

Immediate cause of death	Duration
Probable suicide due to drugs	
Due to Coronary sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

163

Major findings:
Of operations

Of autopsy Post Mortem refused
Hinton & Fingerprint

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) Suicide 1, 1

(b) Date of occurrence Had been dead abt 5 days

(c) Where did injury occur? KC Jackson mo (City or town) (County) (State)

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

While at work? no (e) Means of injury Drugs 1, 1 3

23. Signature James C. Walker (M. D. or other) Coroner

Address 1424 Gr. Ave. Date signed 11-9-48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. J. Nofsinger.

Licensed Embalmer No. 13938

P. O. Address Kansas City

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.