S. No. 2
M—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 4 1949

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40999

Registration District No. 273 Primary Registration District No. 5913 Registrar's No. 89

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Belgique Mo.
(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 66-6-7
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Belgique Mo.
(If outside city or town limits, write "RURAL") 8

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

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

If yes, name country

3. (a) PRINT FULL NAME Leonie M. Bauwens

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Alois Bauwens

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June (Month) 7 (Day) 1882 (Year)

8. AGE: 66 Years | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name John Nuyt 4
13. Birthplace (City, town, or county) Belgium (State or foreign country)

MOTHER
14. Maiden name Stephanie Devenyns 4
15. Birthplace (City, town, or county) Belgium (State or foreign country)

16. (a) Informant Alois Bauwens
(b) Address Belgique Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Belgique Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 12-17-48 (Date received local registrar) (b) Jos J Zwellner (Registrar's signature) 2.50

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14 year 1948 hour 10 minute A M.

21. I hereby certify that I attended the deceased from 1923, 19, to Dec 14 1948, 19; that I last saw her alive on Dec 12 1948, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic congestion of lungs	
Due to: Carcinoma of stomach	6 mo
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46B

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 6

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

Address Perryville Date signed 12/16 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 149-17

Filed 1-3-49

MAY 29

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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.