S. No. 300
v. 10.48

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

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26545

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: GASCONADE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CANAAN TWP
c. LENGTH OF STAY (in this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1/2 mi. WEST of ROSEBUD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 3868
d. STREET ADDRESS (If rural, give location): 640 N Troost Ave.

3. NAME OF DECEASED (Type or Print): a. (First) CLARA b. (Middle) BLITZ c. (Last) BAUER

4. DATE OF DEATH: (Month) AUG (Day) 14 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: DEC. 22, 1912

9. AGE (In years last birthday): 37 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FLORIST

10b. KIND OF BUSINESS OR INDUSTRY: FLORAL SHOP

11. BIRTHPLACE (State or foreign country): UNKNOWN 9

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: (UNKONN) BLITZ

13b. MOTHER'S MAIDEN NAME: PEARL

14. NAME OF HUSBAND OR WIFE: JOSEPH F. BAUER JR.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: J. F. Bauer Seneca Ks

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) AUTO ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) RUN OVER EMBANKMENT upon Railway TRACK, 8237
DUE TO (c) from HIGHWAY 50, 1/2 mi W of ROSEBUD MO

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 037

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY 50

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): near Rosebud Gasconade Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-14-1950 7 P.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: RUN OVER EMBANKMENT

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* ✓, 19✓, *and that death occurred at* 7A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): August T. Schumacher Coroner

23b. ADDRESS: Hermann Mo

23c. DATE SIGNED: 8/14/50

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: August 14, 1950

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): OVERLAND PARK KANSAS

DATE REC'D BY LOCAL REG. 8-14-1950

REGISTRAR'S SIGNATURE: Dorothy Mae Knaus 363

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Milford H. Winter OWENSVILLE

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 25 1950
DISTRICT HEALTH OFFICE No. 4
File No. _____

SEP 5

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 Me

.....,
working under my personal supervision.

Student Embalmer No.....

Signed Mefford N.H. Winter

Signed.....
Student Embalmer

Licensed Embalmer No. 3838

P. O. Address Owensville

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.