

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26546

BIRTH NO.		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 5439		Registrar's No. 27			
1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CANAAN TWP		c. LENGTH OF STAY (in this place) ✓		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		3868			
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1/2 mi. WEST OF ROSEBUD				d. STREET ADDRESS (If rural, give location) 6404 TROOST AVE.					
3. NAME OF DECEASED (Type or Print)		a. (First) JOSEPH		b. (Middle) FRANK		c. (Last) BAUER JR			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 5 1908			
9. AGE (In years last birthday) 42		10. 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) KANSAS CITY MO			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOE BAUER		13b. MOTHER'S MAIDEN NAME THERESIA		14. NAME OF HUSBAND OR WIFE CLARA BLITZ BAUER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 487-10-2373		17. INFORMANT'S SIGNATURE OR NAME F. J. Bauer		ADDRESS Lenexa, Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) AUTO ACCIDENT ANTECEDENT CAUSES DUE TO (b) RUN OVER EMBANKMENT UPON RAILWAY TRACK DUE TO (c) from Highway 50. 1/2 mi. west of Rosebud, Mo II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8231 32	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		137		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 7:15 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? RUN OVER EMBANKMENT					
22. I hereby certify that I attended the deceased from 1950, to 1950, that I last saw the deceased alive on 1950, and that death occurred at 7:15 AM, from the causes and on the date stated above.									
23a. SIGNATURE Hugo H. Blumer (Degree or title) Coroner				23b. ADDRESS Hermann, Mo		23c. DATE SIGNED 8/14/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG. 14, 1950		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) OVERLAND PARK KANSAS			
DATE REC'D BY LOCAL REG. 8/14/50		REGISTRAR'S SIGNATURE Dorothy Hackman		363		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Milford H. N. Winter OWENSVILLE			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 25 1950

RECEIVED

SEP 5

1950

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 Ma

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Melford H. H. Winters

Licensed Embalmer No. 3838

P. O. Address. OWENSVILLE M

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.