

Registration District No. 258

Primary Registration District No. 5882

State File No. \_\_\_\_\_

Registrar's No. 2 076

1. PLACE OF DEATH:

(a) County Osage  
 (b) City or town Rural - Jackson  
(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 Life-time  
years, months or days

3. (a) PRINT FULL NAME Henry Herman Bax

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 4 1862  
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Osage County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name John Bax 13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Angelo Weineke

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

16. (a) Informant P.F. Bax  
 (b) Address Koeltztown, Mo.

17. (a) Burial (b) Date thereof 2-23-51  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Koeltztown Cemetery

18. (a) Signature of funeral director Herman H. Strop

(b) Address Meta, Mo.

19. (a) 2-22-51 (b) Rose Rowland  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2 mi. N.W. of Koeltztown, Mo.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20  
 year 1951 hour 9 minute 15-P.M.

21. I hereby certify that I attended the deceased from 6-10-50, 19, to 2-18-51, 19;  
 that I last saw him alive on Feb. 18-51, 19;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal Ascites 6-10-50  
Diseased Heart and Kidneys to  
General Senile Infirmities 2-18-51

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration  
 6-10-50  
 to  
 2-18-51  
 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? \_\_\_\_\_

While at work? ✓ (Specify type of place) \_\_\_\_\_  
 (c) Means of injury \_\_\_\_\_

23. Signature H. H. Bax  
Freeburg, Mo.  
 Address \_\_\_\_\_ Date signed 2-21-51

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

MOTHER FATHER

TEST 1 1951

**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 *Herman H. Strop*  
Licensed Embalmer No. *2924*  
P. O. Address *Meta 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.**