

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**32479**  
 Do not use this space.

OCT 1 1939

1. PLACE OF DEATH  
 (a) County Henry Registration District No. 347  
 (b) Township Osage Primary Registration District No. 100  
 (c) City Calhoun (d) Street No. General Hospital, Calhoun Mo St. Mo  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John R Bauder  
 (a) Residence, No. 360 357, Calhoun, Henry County (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED—  
 HUSBAND OF Mrs. Jennie Bauder  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 7 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. farmer  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (CITY OR TOWN) Montgomery County, New York  
 (STATE OR COUNTRY)

FATHER 13. NAME Samuel Craig Bauder  
 14. BIRTHPLACE (CITY OR TOWN) Montgomery County, New York  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Ellen Clete  
 16. BIRTHPLACE (CITY OR TOWN) Glenn, New York  
 (STATE OR COUNTRY)

17. INFORMANT Mrs Jennie Bauder  
 (ADDRESS) Calhoun, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE Sept 20, 1939

19. FUNERAL DIRECTOR (NAME) J. A. Wauber  
 (ADDRESS) Calhoun Mo

20. FILED 3 19 39 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-30, 1939, to 9-9, 1939.  
 I last saw him alive on 9-9, 1939. Death is said to have occurred on the date stated above, at 4 P.M.  
 The principal cause of death and related causes of importance were as follows:

infection in bladder 7-25-39  
falling infection for drainage (enlarged prostate)  
 Other contributory causes of importance: 724  
Suppurative

Name of operation Drainage of bladder Date of 7-25-39  
 What test confirmed diagnosis? ? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ....., 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify (Signed) H. Walker, M. D.  
 (Address) Calhoun Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. NO. 2.  
 50M-1-12-38  
 I X 14020

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1027  
433  
76

RECEIVED

District Health Officer No. 7

District File Number

Date Filed

7-39-35-5  
6-3-9

**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, *myself*

or by *J. R. Housey*

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *J. R. Housey*

Licensed Embalmer No. *3503*

P. O. Address *Calhoun 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, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

32479  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Henry Registration District No. 347  
 (b) Township Clinton Primary Registration District No. 3018  
 (c) City Clinton (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME John P. Bauler  
 (a) Residence, No. Calhoun St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-25-86

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 10 14

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Mo

FATHER  
 13. NAME Samuel Craig Bauler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Mo

MOTHER  
 15. MAIDEN NAME Mary Ellen Clute  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

17. INFORMANT (ADDRESS) Mrs. Johnnie Bauler Calhoun Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE Sept 11 1939

19. FUNERAL DIRECTOR (ADDRESS) J. A. Housey

20. FILED 11-4-1939 Dr. J. R. Hemphill Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-30 to 9-9, 1939  
 I last saw him alive on 9-9, 1939. Death is said to have occurred on the date stated above, at 4 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Infection in Bladder following operation for drainage (Enlarged Prostate) Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Leukemia  
 Name of operation Drainage of bladder Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) G. S. Walker, M. D.  
 (Address) Clinton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

501-6-37  
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