

S. No. 2
M-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2348

FILED FEB 16 1947

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
(c) City or town Calhoun
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wesley J. Bauder.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17
year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 1941 to Jan. 1942
that I last saw him alive on 1-17 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Effie D. Bauder
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May 24 1865
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis with decompensation
Duration 1 year

8. AGE: Years 76 Months 7 Days 24
If less than one day hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Low Moor, Iowa
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 938

10. Usual occupation Retired

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Samuel C. Bauder

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary

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

16. (a) Informant Effie D. Bauder

(b) Address Calhoun, Mo.

17. (a) Burial (b) Date thereof 1-18-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun, Mo.

18. (a) Signature of funeral director A. H. Hovey

(b) Address Calhoun, Mo.

19. (a) Jan 19 1942 (b) Georgia Kitchener
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury D

23. Signature James D. Neville (M. D. or other) MD

Address Clinton, Mo. Date signed 1-18-42

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number I-42-61
Date Filed 2-10-42

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 myself
....., Registered Apprentice No.
working under my personal supervision.

Signed

J. A. Housey

Licensed Embalmer No. 3502

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, fact should be so stated above.