

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3670

Registration District No. 1124

Primary Registration District No. 5851⁹

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Rich Fountain Rural
(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) 1
(d) Length of stay: In hospital or institution 1
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 76
(c) City or town Rich Fountain 70 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

8. (a) PRINT FULL NAME Doratha Bauer

8. (b) If veteran, name war - 8. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife John Bauer Sr. 6. (c) Age of husband or wife if alive ✓ years
Birth date of deceased Sept 23 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 3 - hr. ✓ min.

9. Birthplace Rich Fountain (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

MOTHER FATHER
12. Name Jake Weidinger
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Catherine Harlan
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Henry Guelmer
(b) Address Rich Fountain

17. (a) Burial (b) Date thereof Jan 28 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rich Fountain

18. (a) Signature of funeral director Matson Funeral Home 576
(b) Address Mo (Specify type of place)

19. (a) Feb 8 - 1941 (b) Mrs. W. D. ...
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1941 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 17, 1941, to Jan 26, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Robor & pneumonia
Due to Influenza 10 Day
Due to gzh

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration
10 Day
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) (e) Means of injury

23. Signature Joseph A. Buehler (M. D. or other) 0
Address Frederick Mo Date signed 1/26/41

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.....

Vernon M. Morton

Licensed Embalmer No. *4125*

P. O. Address *Lebanon*

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.