

S. No. 2
M-5-43
5-17-39
I X3667

State File No. _____
Registrar's No. 13

FILED OCT 6 1945

Registration District No. 240 Primary Registration District No. 4392

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

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Freeburg, Mo.
(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 years, months or days) 73 years

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Michael Bauer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie Connors Bauer 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Nov 22nd, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 27 hr. 0 min.

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

10. Usual occupation Farmer and Blacksmith

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Bauer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margarete Butterich
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Michael Bauer
(b) Address Freeburg, Mo.

17. (a) Burial (b) Date thereof 9/22/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Freeburg, Mo.

18. (a) Signature of funeral director Clyde Morton
(b) Address Box 144, Linn, Mo.

19. (a) Sept 25, 1945 (b) Mrs. H. H. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19th,
year 1945 hour 2:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary thrombosis
Due to Chronic Myocarditis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? Freeburg Osage Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place (Garage)

While at work? Yes (Specify type of place) (e) Means of injury _____
23. Signature Clyde Morton 3 Coroner
(L.D. or other)
Address Box 144, Linn, Mo. Date signed 9/21/45

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 10-5-45

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 Linn 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.