

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

29736
Do not use this space.

REC'D SEP 19 1939

1. PLACE OF DEATH

(a) County Monticau Registration District No. 576
 (b) Township Walker Primary Registration District No. 5769
 (c) or City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 44

2. PRINT FULL NAME 260 Mary Elizabeth Bauer

(a) Residence, No. Monticau County St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Bauer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1862
 7. AGE YEARS 77 MONTHS 1 DAYS 10 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co, Missouri

FATHER 13. NAME William Bauer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Muri

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berne Switzerland

17. INFORMANT Bessie W Bauer (ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wangelical DATE 9-7-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son California, Mo.

20. FILED 9-10-1939 H. P. Robey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5th 11 PM 1939

22. I HEREBY CERTIFY, That I attended deceased from from wife, 1939 to Sept 22, 1939. I last saw her or alive on Sept 22, 1939. Death is said to have occurred on the date stated above, at 11 P m. The principal cause of death and related causes of importance were as follows:

Chronic Septicemia Date of onset _____

Other contributory causes of importance: Edema

Name of operation _____ 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? no
 If so, specify _____
 (Signed) Lesley M Gray, M. D.
504 (Address) California - Ind

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.

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..... *A. E. Wilson*.....
Licensed Embalmer No. *2351*.....
P. O. Address *California, 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.