

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 12

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
ST. JOSEPH'S HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41  
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME JOHN HENRY BAER

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 MARY ELIZABETH BAER

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased SEP'T 25 - 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>4</u>	<u>20</u>	hr. _____ min.

9. Birthplace MONITEAU COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

MOTHER FATHER

12. Name NICHOLAS BAER

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

14. Maiden name SOPHIA DAGEL

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

16. (a) Informant's own signature M. J. Baer

(b) Address Boonville, Mo

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof Feb. 15 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation SHIPLEY CEMETERY

18. (a) Signature of funeral director STEGNER-KOENIG

(b) Address BOONVILLE MO.

19. (a) 2-14-40 (Date received local registrar)

(b) D. Cooper (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

(c) City or town SALINE (RURAL)  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 14th  
year 1940 hour 3:10 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Nov. 11, 1939, to Feb. 14, 1940;  
that I last saw him alive on Feb. 13, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Brain abscess  
osteomyelitis of right  
mandibular staphylococcus aureus infection  
154

Due to \_\_\_\_\_

Duration 2 days

Other conditions Carbuncle of neck-healed  
(Include pregnancy within 3 months of death)

Major findings: multiple abscesses of neck, cheek & leg with extensive osteomyelitis

Of autopsy none done

PHYSICIAN 3 mo.

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 H. W. Winn (M. D. or other) \_\_\_\_\_

Address Boonville, Mo Date signed 2/19/40

RECEIVED  
District Health Officer No. 8,  
District File Number 3-8-40  
Date Filed

**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 James W. Stegner  
Licensed Embalmer No. 3780  
P. O. Address Barnville, 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.**