

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
400 N Quincey Sedalia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 24 yrs
years, months or days)

3. (a) PRINT FULL NAME Josephina K Bahner
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Linus J. Bahner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 15 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>5</u>	<u>2</u>	hr. _____ min.

9. Birthplace Lake Creek Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____
12. Name Louis Klein
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Pfeiffer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant L. J. Bahner
(b) Address Sedalia

17. (a) Urnial (b) Date thereof 3-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo.

19. (a) 3-20-40 (b) Mrs. Harry Sued
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 400 N Quincey
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
year 1940 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 1934, to March 17, 1940
that I last saw her alive on March 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Dementia
Due to Arteriosclerosis
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy None

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? _____

23. Signature Berd Bohler (M. D. or other) _____
Address Sedalia Mo Date signed _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

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

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-11-40

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 *J. E. Baker*

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.