FILED MAY 17 1940

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

Do not use this space.

14768

1. PLACE OF DEATH
County DeKalb
Township Washington
City (No. 600 Sophia St., Ward)
Registration District No. 261
Primary Registration District No. 5360B
File No.
Registered No. 11

2. FULL NAME Sophia B Bauer 2
(a) Residence, No. DeKalb St., 6 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Forman Bauer.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	83	9	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, 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) Penn

FATHER
13. NAME Simon Knorr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Shafer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Arnold Bauer, Stewartsville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridgeville DATE Apr 28 1940

19. UNDERTAKER (ADDRESS) F. E. Lyon, Stewartsville Mo.

20. FILED 5-27 1940 F E Saunders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1940 to Apr 26, 1940
I last saw her alive on Apr 25, 1940 Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (primary)	5-18-40

Other contributory causes of importance: 107

Name of operation Date of
What test confirmed diagnosis? Autopsy? Was there an autopsy? no

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) F. E. Saunders, M. D.
(Address) Stewartsville Mo

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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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X9314

RECEIVED
District Health Officer No. 11,
District File Number 540-172
Date Filed MAY 16 1940

Statement of Licensed Embalmer.

I hereby Certify that the body whose name is recorded on reverse side of Certificate was Embalmed by me

F. G. Lyon
Stewartville
Licensed Embalmer #95

P O Address Stewartville Mo.