

No. 2
17-531
2-23-36

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32987

Registration District No. 209

Primary Registration District No. 3043

State File No. _____

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Harrison

(c) Name of hospital or institution: 1222 Colfax
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion 64

(c) City or town Harrison 5
(If outside city or town limits, write "RURAL")

(d) Street No. 1222 Colfax 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Bach

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1
year 1943 hour _____ minute 645 M.

21. I hereby certify that I attended the deceased from Aug 1
1943 to Aug 1 1943
that I last saw him alive on Aug 1 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug-1-1943
(Month) (Day) (Year)

Immediate cause of death hemorrhage - 6 mos

Due to _____

Due to _____

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

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. _____ min.

9. Birthplace Harrison MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name George Bach

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

{ 14. Maiden name Bertina Wilkerson

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant George Bach

(b) Address 1222 Colfax Harrison MO

17. (a) Burial (b) Date thereof Aug-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT Olive Cem.

18. (a) Signature of funeral director James O'Donnell

(b) Address Harrison MO

19. (a) 8-10-43 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

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 W. P. Dineen (M. D. or other) MD
Address Harrison MO Date signed 8-10-43

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

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 Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.