S. No. 2
DM—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1943

Registration District No. 168

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5611

State File No. 38503

Registrar's No.

1. PLACE OF DEATH:

(a) County: Johnson

(b) City or town: Rural, Post Oak Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Windsor Coal Company 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 42

(a) State: Missouri (b) County: Henry

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

(d) Street No.: RFD, Calhoun
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Clarence Howard Auer

3. (b) If veteran, name war: None

3. (c) Social Security No. 490-16-2813

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Wanda Hix Auer

6. (c) Age of husband or wife if alive: 27 years

7. Birth date of deceased: November (Month) 13 (Day) 1908 (Year)

8. AGE: Years 34 | Months 11 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: Clinton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Night Man

11. Industry or business: Coal Mining

FATHER
12. Name: Henry Auer
13. Birthplace: Clinton (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Edna Thomas
15. Birthplace: Clinton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Clarence Auer
(b) Address: Calhoun, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Calhoun, Missouri

18. (a) Signature of funeral director: Huston-Turner
(b) Address: Windsor, Missouri

19. (a) Nov. 11-43 (Date received local registrar) (b) R A Brauninger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1943 hour about 2:00 minute a. m. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — 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): Accidental Death

(b) Date of occurrence: November 11, 1943 0.51

(c) Where did injury occur? Windsor, Johnson, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Coal Yard (Specify type of place)

While at work? Yes (e) Means of injury: Drain pipe

23. Signature: Edward Andrews (M. D. or other)
Address: Warrensburg Holden Mo Date signed 11-16-43

1026 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3391

P. O. Address. Windsor, 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.

EDWARD ANDRUSS, B. A., M. D.
Coroner of Johnson County
Bank of Holden Building
Holden, Missouri

Was night man, working for the Windsor Coal Mining Co in tipple building alone. As he opened valve to blow down the boiler used for heating purposes was struck in the head by gas pipe, the exhaust. Apparently he had let the pressure get too high and the pipe blew up and struck him knocking him down nearly under the boiler. and fractured his skull.

Edward Andruss MD
Coroner of Johnson Co

V. S. No. 2B
10M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 168 Primary Registration District No. 5611 Registrar's No.

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural Post Oak Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clarence Howard Auer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 13 (Day) 1900 (Year)

8. AGE: Years 34 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. Day 11
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

*Duration

PHYSICIAN

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) accident

(b) Date of occurrence Nov. 11, 1943

(c) Where did injury occur? Rural (City or town) Johnson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
industrial place. Coal:Tipple
(Specify type of place)

While at work? yes (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY