

FILED JAN 23 1945

Registration District No. **99**

Primary Registration District No. **4172**

Registrar's No. **250**

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

**1. PLACE OF DEATH:**

(a) County DUNKLE

(b) City or town STEWARTSVILLE  
(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 25 yr., s  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County DeKalb

(c) City or town Stewartsville Mo.  
(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** JOHN BAUER.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married Widowed  
divorced \_\_\_\_\_

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

7. Birth date of deceased SEPT 25, 1950  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
86	1	25	hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name John Bauer.

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

14. Maiden name Inessa Shawna

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

16. (a) Informant Mrs. J. J. Powell

(b) Address Stewartsville Mo.

17. (a) Burial, cremation, or removal Burial (b) Date thereof Nov 24, 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Ridgville Cemetery

18. (a) Signature of funeral director J. J. Ryan

(b) Address Stewartsville

19. (a) Date received local registrar Dec 13 44 (b) Registrar's signature John Clarke  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 22  
year 1944 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 17, 1944 to May - 22, 1944  
that I last saw him alive on May - 20, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

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

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

Other conditions 468  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
Means of injury \_\_\_\_\_

23. Signature M. S. Dale (M.D. or other) \_\_\_\_\_  
Address Osborn Mo Date signed 11/22/44

**Duration**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

NOV 17 1945

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**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.....

P. O. Address.....

**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.**