

No. 2  
12-45  
17-39  
X47070

FILED MAR 25 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 83

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 Hoodland Hosp. & Clinic  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
in this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton County  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 18  
year 1948 hour 2:00 minute 50 PM

21. I hereby certify that I attended the deceased from march 16  
1948, to march 1948  
that I last saw her alive on march 18 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency  
Due to Embryological defect  
on the foetus

Duration

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Major findings: None  
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) \_\_\_\_\_  
(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 200

23. Signature Byron L. Duncan (M.D. or other) DO  
Address Sedalia, Mo Date signed 2-18-48

3. (a) PRINT FULL NAME

Joyce Ann Bauer

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased March 16, 1948  
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

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

12. Name Lienus Cord Bauer

13. Birthplace Benton County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Sophia Borchers

15. Birthplace Cole Camp, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lienus C. Bauer (father)

(b) Address Cole Camp, Missouri

17. (a) Burial (b) Date thereof 3/20/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Lutheran Cemetery, Cole Camp

18. (a) Signature of funeral director Betty Yeager

(b) Address 3/18/48 Cole Camp, Missouri

19. (a) 3/18/48 (b) Betty Yeager  
(Date received local registrar) (Signature of registrar)

2010 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

8  
0

1948

1948

PHYSICIAN

200

DO

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-24-48

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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. 4097

P. O. Address..... Cole Camp, 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.**