

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16205
Registrar's No. 1997

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(c) County: Jackson Co.
(b) City or town: Kansas City, Mo.
(c) Name of hospital or institution: St. Mary's Hospital
(d) Length of stay: 4 days
In this community: same

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 93
(c) City or town: Osceola 2
(d) Street No.: none (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country: _____

3. (a) PRINT FULL NAME: John V^m Baer

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

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Stevin Green Baer 6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: May 10 1898

8. AGE: Years 49 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation: Ins. Agency

11. Industry or business: Ins. Agency

12. Name: Alver Baer

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

14. Maiden name: Katherine Heinrich

15. Birthplace: Jamestown Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: wife

(b) Address: Osceola Mo.

17. (c) Burial, cremation, or removal: removed (b) Date thereof: 5-10-48

(c) Place: burial or cremation: Osceola Mo.

18. (a) Signature of funeral director: J. H. ...

(b) Address: Osceola Mo.

19. (a) 5-11-48 (b) Geraldine Holmes (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: May day: 10 year: 1948 hour: 8:00 minute: 4 M. M.
21. I hereby certify that I attended the deceased from 5-7 1948 to 5-10 1948 that I last saw him alive on 5-9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia

Due to: poss. Tularemia

Due to: _____

Other conditions: (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) (c) Means of injury: _____

23. Signature: J. H. ... (M. D. or other) _____

Address: 505 ... K.E. No. Date signed: 5-10-48

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

J. B. E. Smith

Licensed Embalmer No.

3038

P. O. Address.....

Princeton MS

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.