

No. 2
-1/47
5-17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. 28

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25938**
Registrar's No. **688**

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 657 S. Main
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jewell Bauch
3. (b) If veteran, name war None
3. (c) Social Security No. ?

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 25, 1913
(Month) (Day) (Year)

8. AGE: Years 35 Months 0 Days 2
If less than one day hr. min.

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

10. Usual occupation Assistant Manager

11. Industry or business Ladies Clothing Store

12. Name John H. Bauch

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

14. Maiden name Mary Harrison

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

16. (a) Informant Mrs. Walter Barnes
(b) Address Mt. Grove, Missouri

17. (a) Removal (b) Date thereof 8/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cabool, Missouri

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home
(b) Address Springfield, Missouri

19. (a) 8-18-48 (b) W E Standley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1948 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from Aug 15, 1948, to Aug 17, 1948;
that I last saw her alive on Aug 17, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Probable pulmonary embolism
Duration 45 min

Due to Bilateral Buxenstony

Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Holux valves Bilabial
Of operations no
Of autopsy no

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? _____
(Specify type of place)

23. Signature Denise L Yancy M. D.
Address Springfield, MO Date signed Aug 17 48

APR 12 1918

3:42

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 Lewis G. Schaff

Licensed Embalmer No. 3862

P. O. Address Springfield, 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.