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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40770

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 409

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

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

(d) Street No. 2105 Patchen ST
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Conrad Charles ~~Charles Conrad~~ 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,~~ divorced ~~Widow~~

6. (b) Name of husband or wife Jesse Annie

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

7. Birth date of deceased December 27. 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months — Days 3 If less than one day hr. min.

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

10. Usual occupation Night Watch Man

11. Industry or business

12. Name Charles C Bauer

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

14. Maiden name Frances Kutzrack

15. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Howard Creech

(b) Address R#1 New London

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3rd. 49
(Month) (Day) (Year)

(c) Place: burial or cremation MT. Olivet Cem

18. (a) Signature of funeral director James O'Donnell

(b) Address Hannibal Mo

19. (a) Dec 31 '48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1948 hour - minute 6:45 P 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 Verdict of Jary Came To his Death While Operating a Motor Scooter Which Collided With

Due to a Motor Truck Anavoidable Accident

Due to Fractured Skull

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 119

(b) Date of occurrence Dec. 30. 1948

(c) Where did injury occur? Hannibal (City or town) Marion (County) Mo (State)

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

While at work? (e) Means of injury Skull Fracture

23. Signature James O'Donnell Coroner 2 Marion Co MO (~~M.D.~~ or other)

Address Hannibal, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

MOTHER FATHER

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 Michael D. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri } ss.
County of Marion }

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 40770
Local Registrar's No. 409

On this 30th day of June, 1949, before me appears Mrs Howard Creech, who, upon her oath, states that the original record of birth death for Conrad Charles Bauer died December 30, 1948, in the State of Missouri, and which was filed at Hannibal, Mo. on Dec. 31, 1948, should be corrected as follows:

Item No. 6a should read Divorced
Instead of Widow
Item No. 6 should read Annie
Instead of Jessie
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

NO FEE ENCLOSED
JUL 1 - 1949

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Howard Creech Daughter
Relationship.

RFD #1 Hannibal, Mo.
Present Address.

Subscribed and sworn to before me this 30th day of June, 1949

My Commission expires June 1, 1950

W C Fisher
City Clerk, Hannibal, Mo.

Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
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