

ED SEP 8 1943
Registration District No. 34

Primary Registration District No. 3046

Registrar's No. 116

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

1. PLACE OF DEATH:

(a) County Monteau

(b) City or town California

(c) Name of hospital or institution Lathrop Hospital
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country GERMANY

3. (a) PRINT FULL NAME JOHN P. BAER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1943 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from Aug 30 to Aug 30 1943
that I last saw him live on Aug 30 1943
and that death occurred on the date and hour stated above.

4. Sex male 5. Color of hair white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased 12 29 1868
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Duration Day

8. AGE: Years Months Days If less than one day

74 8 1 hr. _____ min.

Due to _____

Due to _____

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

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Carpenter

11. Industry or business _____

12. Name NICOLAUS BAER

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

14. Maiden name SOPHIA DECEL

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

MOTHER FATHER

16. (a) Informant Marie Fries

(b) Address California mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-43
(Month) (Day) (Year)

(c) Place: burial or cremation Monteau Ex. Cem.

18. (a) Signature of funeral director C. A. Hornbeck

(b) Address Praine Home mo

19. (a) Aug 31 1943 (Date received local registrar) (b) A. J. Allen (Registrar's signature)

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) (e) Means of injury _____

23. Signature A. K. Mendenhall (M. D. or other) real
Address Praine Home mo Date signed 8-31-43

1512

DEC 3 1949

[Faint handwritten marks]

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 *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home 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.