

SEP 12 1941

Registration District No. **180**

Primary Registration District No. **6025**

Registrar's No. **41**

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

1. PLACE OF DEATH:

(a) County **STEGENEVIEVE**
(b) City or town **RURAL JACKSON TOWNSHIP**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **STEGENEVIEVE** **95**
(c) City or town **RURAL** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **EMILZABETH BAYER**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **FREDOLIN BAYER** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **JAN 4 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 7 2 hr. min.

9. Birthplace **LAWERCETON MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business.....

12. Name **ANDREW SEWALD**

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

14. Maiden name **MARY OBERLE**

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

16. (a) Informant **Louis V. Bayer**

(b) Address **Brunswick Mo**

17. (a) **Burial** (b) Date thereof **8 9 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laymanston Mo**

18. (a) Signature of funeral director **W. L. Basler**

(b) Address **St. Genevieve Mo**

19. (a) **Aug 7/41** (b) **T. W. Douglas**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG** day **6** year **1941** hour **2** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **Oct. 19** 19 **37** to **Aug 6** 19 **41**

that I last saw him **alive** on **Aug 6** 19 **41** and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio-Sclerosis** Duration **10 yrs.**

Due to **Myo Carditis** **10 yrs**

Due to **930**

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) (e) Means of injury.....

23. Signature **Arthur Slavice** (M. D. or other) **M.D.**

Address **St. Genevieve Mo** Date signed **8-7-41**

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.....

Lee C. Basher

Licensed Embalmer No. *1985*

P. O. Address. *St. Genevieve 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.