

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

3872  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Kendrew Registration District No. 735  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3034 Registered No. 21  
 (c) City Proberly (d) Street No. Mc Cormick Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Baumann Sr. 550  
 (a) Residence, No. Mc Cormick Hospital St. \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25, 1874  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 0 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 13. NAME David Baumann  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) David Baumann  
Huntville mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Duncan Okla DATE Jan 29, 1938  
 19. FUNERAL DIRECTOR (ADDRESS) Tom B. Patton  
Huntville mo  
 20. FILED Jan 26, 1938 Ethel Cleet  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26, 1938  
 I HEREBY CERTIFY That I attended deceased from Jan. 8, 1938 to Jan. 26, 1938.  
 I last saw him alive on Jan. 26, 1938. Death is said to have occurred on the date stated above, at 8:20 Am.

The principal cause of death and related causes of importance were as follows:  
acute dilatation of heart  
Chronic myocarditis  
acute appendix, removed with drainage  
 Other contributory causes of importance: 21  
acute appendix removal with complicated peritonitis

Name of operation Appendectomy Date of Jan 8-38  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) L. J. Drisk, M. D.  
 (Address) 319 Grand Ave  
612

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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FEB 28 1938

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MO. STATE BOARD OF HEALTH

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**