

FEB 6 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

3375
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 601
 (b) Township Caruthersville Primary Registration District No. 4388 Registered No. 18
 (c) City Caruthersville (d) Street No. 5511 (If death occurred in Hospital or Institution, write its name instead of street and number) St. 1
 (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

(a) Residence, No. 5511 Henry George Bauman St. 1
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-29-1871
 7. AGE YEARS 67 MONTHS 4 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Henry Wallace
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK.

15. MAIDEN NAME DK.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1

17. INFORMANT (ADDRESS) Ada Bauman

18. BURIAL, CREMATION, OR REMOVAL PLACE maple st DATE 1-17-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Smith

20. FILED Feb. 3 1939 Ada Bauman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-39

22. I HEREBY CERTIFY That I attended deceased from July 1, 1938, to Jan 16, 1939
 I last saw her alive on Jan 16, 1939. Death is said to have occurred on the date stated above, at 6 A.m.
 The principal cause of death and related causes of importance were as follows:

Essential Hypertension 1938
 Chronic Hypertension 1938
 Myocardial Insufficiency 1938

Other contributory causes of importance:

Name of operation none Date of 93C
 What test confirmed diagnosis clinical 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 93C
 Nature of injury 93C

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) W. Smith, M.D.
 5511 (Address) Caruthersville Mo.

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

Licensed Embalmer No. *3941*

P. O. Address *Cynthiana*

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, above space should be left blank.