

REC'D MAR 10 1939

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

6279

Do not use this space.

1. PLACE OF DEATH

(a) County Col Registration District No. 21141235
 (b) Township 1 Primary Registration District No. 5291 Registered No. 2
 (c) City Centerton, Mo. (d) Street No. Centerton, Mo. St. _____
 (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. 526 Joseph H. Baumgartner 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Annie Baumgartner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 5 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

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) Sumnerfield, Mo.

13. NAME Arch Baumgartner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Finken

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richfontain, Mo.

17. INFORMANT (ADDRESS) Geo. Baumgartner

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection DATE Feb. 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Hennrich

20. FILED Feb. 27, 1939 H. T. Leach, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1939, to Feb 16, 1939
 That saw him alive on Feb 16, 1939. Death is said to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis
with renal edema

Date of onset

Other contributory causes of importance: gpc
Hypertension

Name of operation None Date of _____
 What test confirmed diagnosis? Chin 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? no
 If so, specify _____

(Signed) Reginald J. Taylor, M.D.
Jefferson City, Mo. (Address)

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,

John F. Hennrich

or by

Registered Apprentice No., working under my personal supervision.

Signed *John F. Hennrich*

Licensed Embalmer No. *3655*

P. O. Address *Jefferson City, 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, above space should be left blank.