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.

REC'D APR 18 1939

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

12108
Do not use this space.

1. PLACE OF DEATH
(a) County St Clair Registration District No. 1118
(b) Township Dallas Primary Registration District No. 6010 Registered No.
(c) City Weaubleau (d) Street No. 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 James Wm Baumgarden
(a) Residence, No. St.
(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 m
4. COLOR OR RACE wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara A. Baumgarden
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1860
7. AGE YEARS 78 MONTHS 9 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
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.
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) Missouri

FATHER
13. NAME Geo Baumgarden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Lucinda Jennings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Miss Pearl Baumgarden Weaubleau, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kings Prairie DATE 3/21 1939
19. FUNERAL DIRECTOR (NAME) J R Luckey (ADDRESS) Wheatland, Mo
20. FILED March-31, 1939 Dewey Wheeler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 20 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1938, to March 20th, 1939
I last saw him alive on March 18th, 1939 Death is said to have occurred on the date stated above, at 1:00 m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis — Date of onset
93C
Other contributory causes of importance:
Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?
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) Dr. Harry R. Taylor, M. D.
(Address) Weaubleau, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-35-611
Date Filed 4-15-35

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, J. R. Luckey, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed J. R. Luckey

Licensed Embalmer No. 298

P. O. Address Cheatland, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.