

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

**24789**  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 or Kansas City (d) Street No. 4334 Bell St.  
 (e) Length of residence in city or town where death occurred 40 yrs. mo. da. (f) How long in U.S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME David B. Baumgardner  
 (a) Residence, No. 4334 Bell 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie L. Baumgardner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	84	2	21	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contractor  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 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) Virginia

FATHER  
 13. NAME Wm. Baumgardner  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
 15. MAIDEN NAME Wm. Umberger  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Charles Baumgardner  
 (ADDRESS) 5716 Maple--K.C.K.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE July 27, 1939

19. FUNERAL DIRECTOR (NAME) Gates Funeral Home  
 (ADDRESS) Kansas City, Kansas

20. FILED July 26, 1939 M. M. Crowe, Jr.  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1939

22. HEREBY CERTIFY, That I attended deceased from July 24, 1939, to July 25, 1939. I last saw him alive on July 25, 1939. Death is said to have occurred on the date stated above, at 5:30 p.m. The principal cause of death and related causes of importance were as follows:  
Coronary occlusion  
arteriosclerosis

Other contributory causes of importance:  
subman

Name of operation none Date of .....  
 What test confirmed diagnosis? Clevid 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 3

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify .....  
 (Signed) Harry E. Schorn M. D.  
 (Address) 243 N. Liberty Bldg. Kansas City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 AUG 7 1939

FORM 1 X 18603

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**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.....

P. O. Address.....

**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.**