

Registration District No. **299**

Primary Registration District No. **1002**

Registrar's No. **4522**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3608 Campbell**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **No** (Specify whether
In this community **4 Months** years, months or days)

8. (a) PRINT FULL NAME **Joseph E. Baumgardner 526**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Blanche E. Baumgardner** 6. (c) Age of husband or wife if alive **25** years

7. Birth date of deceased **Aug. 22 1872**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	3	5	don't know min.

9. Birthplace **LeRoy Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farmer**

12. Name **Fredrick Baumgardner /**

13. Birthplace **Vir.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary J. Snayley**

15. Birthplace **Unknown Vir.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Blanche Baumgardner**

(b) Address **Mc Lean Illinois**

17. (a) **Removal** (b) Date thereof **Nov. 28 39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LeRoy Ill.**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Linwood K. C. Mo.**

19. (a) **Nov 28 '39** (b) **mmleaves**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3608 Campbell**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **28.**
year **1939** hour **11** minute **0** M.

21. I hereby certify that I attended the deceased from **July 28**, 19**39**, to **Nov. 28**, 19**39**
that I last saw him alive on **11. 28. 39.**, 19**39**;
and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer of Stomach
Due to **Distalating Pyloric end of stomach**
Due to **Stomach, liver, spleen, pancreas**

Other conditions **46**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature **[Signature]** M. D. or other _____

Address **3541 Harrison St.** Date signed **11-28-39**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE 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.

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

Chas Wilks

Licensed Embalmer No.

2644

P. O. Address

1800 Linwood St

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.