

Registration District No. **1900**  
**399**

Primary Registration District No. **1002**

Registrar's No. **3220**

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 622 Benton **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. (Specify whether  
In this community 75 yrs. years, months or days)

3. (a) PRINT FULL NAME Charles Robert Baum **577**  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Gladys Baum 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased 11 (Month) 4 (Day) 1864 (Year)

8. AGE: Years 75 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Richmond, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business XX

MOTHER FATHER { 12. Name Gabriel Baum  
13. Birthplace Germany (City, town, or county) (State or foreign country) **6**  
14. Maiden name Nancy Thompson  
15. Birthplace Kentucky (City, town, or county) (State or foreign country) **1**

16. (a) Informant Lloyd Baum

(b) Address 5856 E 11 St. K. C. Mo

17. (a) Burial (b) Date thereof 8/16/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director John P. Sheil

(b) Address 6606 Indap. Ave. K. C. Mo

19. (a) Aug. 15, 1940 (b) M. M. Craue  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6229 Peery Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14 th  
year 1940 hour 10 minute 05 A. M.

21. I hereby certify that I attended the deceased from Jan 1938  
\_\_\_\_\_, 19\_\_\_\_, to Aug 14, 1940  
that I last saw him alive on Aug 13, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Brain tumor  
Cerebral Hemorrhage  
Due to Cerebral arteriosclerosis  
General arteriosclerosis  
Due to Ch. Bright's Disease  
Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none **131**  
Of autopsy none  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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   
23. Signature D. W. ... (M. D. or other) **1**  
Address 14800 E 24 St Date signed 8/12/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, fact should be so stated above.**