

No. 2
10 30

APR 2 1941

Registration District No. 1077 Primary Registration District No. 6083 Registrar's No. 701

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Rural Crato
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 40 yrs years, months or days

3. (a) PRINT FULL NAME LULU L. BAUMGARDNER

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charley Baumgardner

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 10 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Green Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name John Roberson

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

14. Maiden name unknown

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

16. (a) Informant W. B. Hawkins

(b) Address Summersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/41
(Month) (Day) (Year)

(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director Gaylord U. Elliott

(b) Address Houston, Mo.

19. (a) _____ (Date received local registrar)

(b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon

(c) City or town Rural
(If outside city or town limit, write "RURAL")

(d) Street No. 3 miles north Summersville
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1941 hour 11 minute 00

21. I hereby certify that I attended the deceased from Mar 28
1941, to Mar 29, 1941;
that I last saw her alive on Mar 29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Perforation of Duodenum

Due to Direct extension of cancer

Other conditions 1178
(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? 744

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

23. Signature Dr. G. M. Reed (M. D. or other) _____
Address Summersville Date signed 3/31/41

Duration 12 days

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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: *Frank E. Hood*

Licensed Embalmer No. *4026*

P. O. Address *Houston, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12238

Registration District No. 1077

Primary Registration District No. 6083

Registrar's No. _____

1. PLACE OF DEATH

(a) County Shannon
(b) City or town East
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lulu L. Bumgardner

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 75 Months 6 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3-28-41 (b) Frank Hyde
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Mar day 29
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (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 _____

23. Signature Don Reed (M. D. or other) _____

Address Summersville Day _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

ROWENA MCCOY

SUPPLEMENTARY

S-12238