

APR 21 1941

Registration District No. 211

Primary Registration District No. 5291

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town "RURAL" MARION  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: RR #1 Jefferson City, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 65 year (Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR #1 Jefferson City, Mo.  
(If rural, give location) 26  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDWARD BAUMANN

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 9 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Charles Anthony Baumann

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

14. Maiden name Anna Josephine Kessler

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

16. (a) Informant William Baumann

(b) Address RR #1 Jefferson City, Mo.

17. (a) Burial (b) Date thereof 9/17/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director John S. Henthorn

(b) Address Jefferson City, Mo.

19. (a) 9/16/41 (b) J. W. Willocks  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14  
year 1941 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 11 to Sept 13, 1941  
that I last saw him alive on Sept 13, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-Respiratory -  
vascular disease. Duration 2 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Cardiac disease  
(Include pregnancy within 3 months of death) measles

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 13/4

\_\_\_\_\_

\_\_\_\_\_

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 meas.

23. Signature J. W. Willocks (M. D. or other) meas.

Address Jefferson City, Mo. Date signed 9/16/41

WRITE PLAINLY—USE UNFADING INK—FURNISH COMPLETE INFORMATION

**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.....

*Sylvester Gulle*

....., Registered Apprentice No. *292*

working under my personal supervision.

Signed.....

*John A. Smith*

Licensed Embalmer No. *3655*

P. O. Address.....

*Jefferson City*

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

**If this body is not embalmed, fact should be so stated above.**