

DEC 10 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37849

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo Meth Hosp U  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether)  
In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 210 South 22nd  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28  
year 1941 hour 9 minute 25 P.M.

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

Immediate cause of death: Pneumonia Hypostatic (lobar) 4 days  
Due to: Senility - art. Scler. + Ch. Myocardial insufficiency

Other conditions: Hypertension  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
108

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 \_\_\_\_\_  
Signature L N Tison (M. D. or other) M.D.  
Address St Joseph Mo Date signed 11-29-41

3. (a) PRINT FULL NAME Frank De Baun

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

4. Sex Male (1) 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ruby De Baun 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased May 10 1869 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Cornishville 1 Ky (City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

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

MOTHER FATHER { 12. Name Turner De Baun  
13. Birthplace Ky (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs A. L. Beard  
(b) Address 911 Penn Kan City, Mo

17. (a) Removal (b) Date thereof Nov 28 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka Kansas

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph Mo.

19. (a) Dec 1, 1941 (b) J. D. Neetles (Date received local registrar) (Registrar's signature)

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, ~~by~~.....

11-28-41

Registered Apprentice No. ....

working under my personal supervision.

Signed

*Geo E Daniel*

Licensed Embalmer No. 3300

P. O. Address. St Joseph 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, fact should be so stated above.**