DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3736

State File No.

FILED FEB 16 1942

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: Fitzgibbon Hospital (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 Mo (b) County Lafayette 54

(c) City or town Concordia 0 (If outside city or town limits, write "RURAL")

(d) Street No. Rural 5 miles North (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME LAURA BAMMAN

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race wht

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

6. (b) Name of husband or wife Husband Henry Bamman

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan (Month) 3 (Day) 1875 (Year)

8. AGE: Years 67 ~~60~~ Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm H Bruns
13. Birthplace Concordia (City, town, or country) Mo (State or foreign country)

MOTHER
14. Maiden name Sophie Rodekohr
15. Birthplace Concordia (City, town, or county) Mo (State or foreign country)

16. (a) Informant Harry W. Bamman

(b) Address Independence Kan.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) -20 (Day) 42 (Year)

(c) Place: burial or cremation Concordia Mo St Pauls

18. (a) Signature of funeral director Fresking & Voigt

(b) Address Concordia Mo

19. (a) 1-20-42 (Date received local registrar) (b) Mary Kent Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 10-41 Jan 18 1942 to Jan 18 1942 that I last saw her alive on Jan 17 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure and dropsy

Due to Bright Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ferdinand Shryman (M. D. or other)

Address Concordia Mo Date signed 1-19-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-13-42

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 E G Frerking F C Voigt
2959 1511
Licensed Embalmer No. .....
P. O. Address Concordia 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.

. S. No. 2B
0M—8-21-41
I X29288

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

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STANDARD CERTIFICATE OF DEATH

State File No. 3736

Registration District No. 796 Primary Registration District No. 3038 Registrar's No.

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(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 years, months or days)
In this community

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 Laura Bamman
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 M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 8 1883 (Month) (Day) (Year)

8. AGE: Years 67 Months — Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Brights disease acute
Due to Hypertension 6 yrs
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 133 f 3
Of autopsy

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Ferdinand Shryma (M. D. or other)
Address Concordia Mo Date signed 4-5-42

SUPPLEMENTARY