

S. No. 2
-1-4-41
5-17-39
P1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15152

State File No.

Registrar's No. 159

Registration District No. 668

Primary Registration District No. 3032

80
6
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pitts

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

(c) Name of hospital or institution 611 Wilkinson 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME GEORGE W. BAUMANN

3. (b) If veteran, name war.....

3. (c) Social Security No.....

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

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

7. Birth date of deceased May 2 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Letter Carrier

12. Name Frederic Baumann

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

14. Maiden name Unknown

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

16. (a) Informant W. G. Baumann

(b) Address Beverly Hills, Calif.

17. (a) Burial (b) Date thereof 4/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo. Schickel

(b) Address Sedalia, Mo.

19. (a) 4/18/42 (b) Mrs. Anne Berger
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pitts

(c) City or town Sedalia
(If outside city or town limits, write "RURAL.")

(d) Street No. 611 Wilkinson
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1942 hour 7:30 a.m. minute..... M.

21. I hereby certify that I attended the deceased from Jan 1
1940 to Apr 17 1942

that I last saw him alive on Apr 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Duration
cancer of gall bladder

Due to.....

Due to.....

Other conditions Diabetes
(Include pregnancy within 3 months of death)

Major findings: H68
Of operations.....

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 0

23. Signature M. P. [unclear] (M. D. or other)

Address Sedalia, Mo. Date signed 4-18-42

JUL 11 1942

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-1-42

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 L. C. Bouldin

Licensed Embalmer No. 3867

P. O. Address Seaboard 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.