

S. No. 2
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5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1902

Registration District No. 62

Primary Registration District No. 5238

Registrar's No. 77

1. PLACE OF DEATH:

- (a) County Cedar
(b) City or town Jefferson Township-Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether

In this community XX years, months or days)

3. (a) PRINT FULL NAME Bedford Jarvis Baumgardner

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

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

6. (b) Name of husband or wife Iva Francis Baumgardner 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 19, 1878 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 5 X hr. X min.

9. Birthplace Humansville, Missouri O (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business XX

12. Name William Jasper Baumgardner

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

14. Maiden name IVA Francis Barger

15. Birthplace Elkton, Missouri O (City, town, or county) (State or foreign country)

16. (a) Informant Earl Baumgardner

(b) Address Humansville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-42 (Month) (Day) (Year)

(c) Place: burial or cremation Alder Cemetary

18. (a) Signature of funeral director W. C. Davis & CO.

(b) Address Stockton, Missouri

19. (a) 12-30-42 (b) Miss Edith D. Davis (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Cedar 20
(c) City or town Jefferson Township-Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. XX (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1942 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 23 42
1942 to Nov 24 42

that I last saw him alive on Nov 24 42

and that death occurred on the date and hour stated above

Immediate cause of death Cerebral Hemorrhage
Septicemia 12 hrs
4 days

Due to Extraction of tooth

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) Means of injury

23. Signature R. C. Davis (M. D. or other)

Address Humansville Mo Date signed 12-18-42

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

1298

(Licensed Embalmer's Statement on Reverse Side)

RE

District No. 7h

District File Number 13-42-1427

Date Filed 1-13-73

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

C. H. Neale

Licensed Embalmer No. 3385

P. O. Address: Stockton, 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.